

A STUDY OF THE ADEQUACY OF THE SCHOOL HEALTH

PROGRAM OF PERRY ELEMENTARY SCHOOL

BRUNSWICK, GEORGIA, 1960-1961

A THESIS

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DEDICATION

TO -

My Mother - Mrs. Beadie Adams

My sisters - Juanita
Lonnye
Wilfred

My brother - James

My nieces - Anita
Brenda

My nephews - Gregory
Raynard

For -

Their encouragement, inspiration and devotion
throughout the period of my graduate study.

A.P.A.

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A.P.A.

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CHAPTER I

INTRODUCTION

Rationale.--One of the greatest contributions a school can make to a child is to promote his present health and send him out with proper habits and attitudes for protecting and maintaining that health for the rest of his life. Good health teaching goes far beyond the presentation of facts about healthful living. It leads children to take unto themselves the ideas gained and apply them in everyday living.

The quality of health is not influenced by what one reads but by what one does. It is generally known about how much sleep is required for good body functioning, what kind and how much food are needed, what atmospheric conditions are desirable, and what types of clothing are healthful. The environments of most people afford these essentials, but not all people choose to take advantage of them.

Williams states that as long as a wide gap exists between available knowledge and habits of living, the prospects for improvement of health are slight. Our attention should be focused on closing this gap. Health education to be of value must result in the application in living of what one learns. Health depends not only on heredity, environment, and available knowledge, but also upon daily health habits.¹

If a child is to develop and maintain desirable health practices, adjust favorably to the world in which he lives, and use wisely the

¹
Jennie Williams, Family Health (New York: J. B. Lippincott, Co., 1945), p. 9.

professional health services available to him, he needs the benefits to be derived from a well planned school health program.

School health programs are concerned with the general problem of conservation of human resources. It has long been recognized that good health is the principal source of individual happiness and national strength. The general objective of the health program in the elementary school is to help boys and girls become increasingly capable of making intelligent decisions about their own health problems and those of the community, state and nation. Because every aspect of the school program influences the health of children, it is essential that every member of the staff understands the objectives of the school health program and assume some responsibility for contributing to the achievement of these objectives.

A good school health program includes a healthful school environment, adequate school health services, a systematic program of physical education, and a functional program of health instruction.

Health instruction in schools is a large area and an important cog in this pattern of health education. Health education seeks to bring about changes in how people actually think, feel and do about health. Some studies point to the fact that better health programs in the school program has led to improved behaviour. In order that this change be effected, however, the instruction must be of a dynamic nature. All persons will not behave according to the knowledge gained but a great percent will do so.

Health instruction should begin with where children are, recognize

their needs, and guide their activities so as to lead them from one step to the next.

Knowledge of the developmental needs of all children indicates that health teaching in the elementary school will center around the development of desirable practices, attitudes, and understandings associated with (a) nutrition and growth, (b) relaxation, rest, and sleep, (c) activity, (d) fresh air and sunshine, (e) elimination, (f) cleanliness and care of teeth, body, and clothing, (g) importance and means of securing dental and medical attention, (h) control of infection, (i) care of eyes and ears, (j) posture, (k) safety, and (l) emotional and social adjustment. In the upper grades of the elementary school there is, in addition, need to widen the horizons of the pupils to introduce them to health problems of the home, school, and community.¹

The environment and the way the child responds to it from day to day determine the direction his growth will take. Since children are required by law to attend school, it should be a place designed to serve their legitimate needs. If the school environment is drab, unattractive, and unsanitary, the child's physical, social, and intellectual growth will be limited. The school cannot control all the environmental factors that affect the child, but it should make this "little piece of the child's universe" as safe, sanitary, comfortable, attractive, and functional as possible.

Some of the factors to be given consideration are the seating,

1

American Association of School Administrators, Health in Schools, Twentieth Yearbook (Washington, D. C.: 1942), p. 61.

lighting, temperature and ventilation, housekeeping, toilet facilities, the water supply, lunch period activities, and the school grounds.

Health services is a vital cog in the school health program and provides excellent educational opportunities regarding health for school personnel. These opportunities, however, are often overlooked, thereby weakening to a degree the effectiveness of the total program. These services are provided for the health protection of pupils and the treatment of illness. They also have an obligation for the promotion of the health of all pupils.

In order to help pupils develop proper attitudes toward health services, it is necessary to consider all of his psychological structures such as needs, goals, motives, attitudes, past experiences and beliefs. To insure maximum and continued favorable reactions and practices, he must be relieved of as much fear and misgivings as possible.

The modern concept of an effective school health program calls for cooperative participation of several professional and lay personnel such as school administrators, classroom teachers, nurses, supervisors, sanitarians, parents, social workers, nutritionists, psychologists, physical educators, counselors, physicians, recreation workers, dentists, students, and representatives from voluntary health and welfare agencies, who have as a common objective the total health and well-being of all school personnel. In other words, the success of such a program depends upon skillful coordination; that kind of coordination which not only knows where the program is headed, but insures the smoothest of operation of all parts of the "machine" in achieving its objectives. By such coordination, the various components of the health program are brought

and kept in focus as the program develops.

If the coordination of health program and services is as important as has been implied, the responsibility for this efficient and harmonious operation must be designated to some particular individual who is qualified by training and experience to do the job.

Ideally, the school health coordinator should be a specialist in the field. He should be a person who manifests a real interest in the program to be coordinated, and should have a unique ability to work with others. In other words, the school health coordinator should have an excellent general background in school health, and should be a healthy, diplomatic, tactful, cooperative, sympathetic, sociable person with a good sense of humor.

There are many experiences to be offered the child through the school health program. It is a program that warrants the cooperation and zealous efforts of all persons and agencies mentioned in the foregoing statements, in order for the program to render its best and most efficient service.

Evolution of the Problem.---The writer was stimulated to conduct this study as a result of having participated in the 1956 Summer School Health Workshop at Atlanta University. She was instrumental in setting up the school health program of the Perry Elementary School, Brunswick, Georgia and was very interested in conducting a study to determine its present adequacy.

Contribution to Educational Knowledge.---The researcher feels that the execution of this study indicates the degree to which the Perry

Elementary School's Health Program is adequately fulfilling its obligation toward meeting the health needs of its pupils and other school personnel. It is the researcher's desire that where these needs are found not being met, that ways and means of modifying and refining those areas of the program that were not functioning effectively are suggested so as to lend more effectiveness in promoting the physical, mental, social, and emotional health of the pupils and professional staff.

The researcher further feels and hopes that this study will be beneficial to other schools in setting up an effective school health program.

Statement of the Problem.--The problem involved in this study was to determine the present adequacy of the school health program with emphasis on Health Instruction, Health Service, and Healthful School environment of the Perry Elementary School, Brunswick, Georgia.

Limitation of the Study.--A critical limitation of this research inheres in the fact that no set of criteria per se, except for the standard test, was used to formulate and evaluate the relative levels of effectiveness of the health program; for the Georgia State Department of Health did not evolve a separate set of criteria nor did the respondents to the questionnaire use any such criteria.

Purpose of the Study.--The primary purpose of the study was to determine the status of the school health program of Perry Elementary School, Brunswick, Georgia. The specific purposes were:

1. To determine the extent to which there were adequate facilities for carrying on health services in the school.
2. To determine to what extent health services and instruction

were an integral part of the instructional program of the school.

3. To determine the extent to which health instruction in the school has resulted in measurable knowledge, habits, and applicability on the part of the pupils.
4. To appraise the healthful living aspect of the school program.
5. To determine the extent to which the present health program and facilities meet the criteria of desirability and adequacy.
6. To gather reliable data which would serve as a basis for deriving an array of recommendations for a more effective school health program.

Definition of Terms.--The terms which were used throughout this study are defined below:

1. "Health" refers to that complete fitness of body, soundness of mind, and wholesomeness of emotions, which make possible the highest quality of living and of service.¹
2. "School Health Program," as used in this study, refers to the school procedures that contribute to the understanding, maintenance, and improvement of health of pupils and school personnel, including health services, health education, and healthful school living.²
3. "Healthful School Living" designates the provision of a safe and healthful environment, the organization of a healthful school day, and the establishment of interpersonal relationships favorable to emotional, social and physical health.³
4. "Health Services" refers to the school procedures which are established to (a) appraise the health status of pupils and school personnel; (b) council pupils, parents, and other persons involved concerning appraisal findings; (c) encourage the correction of remedial defects; (d) help plan

¹
C. Turner, C. Sellery, and S. Smith, School Health and Health Education (St. Louis: C. V. Mosby Company, 1957), p. 33.

²
Irwin Johnson, Methods and Materials in School Health Education (St. Louis: C. V. Mosby Company, 1956), p. 21.

³
American Association of School Administrators, Health in Schools (Washington, D. C.: 1944), p. 15.

for the health care and education of handicapped children;
(e) help prevent and control disease; (f) provide emergency
care for the sick or injured.¹

Locale of the Study.--The locale for this research was the Perry Elementary School, Brunswick, Georgia. Brunswick is located in southeastern Georgia, Glynn County, and is about eighty-two miles north of the Florida boundary. Brunswick is a seaport town with a population of 21,703. It has a good harbor, and about fifty manufacturing plants, including a pulp mill and a naval stores plant. The city is in the center of the shrimp and crabbing industry of the Georgia coast. It is the gateway to several well-known Georgia resorts. Nearby, on St. Simons Island, is located Fort Frederica National Monument.

Perry Elementary School is one of the elementary schools for Negroes in Glynn County. The enrollment of the school for this year was 641 and offers work for grades one through six. There are twenty-one teachers and one principal, all of whom hold high levels of certification, which includes bachelor degrees, master's degrees and study beyond the master's degree.

Period of Study.--This study was conducted during the 1960-1961 school year at the Perry Elementary School, Brunswick, Georgia and during the 1961 Summer School Session at Atlanta University.

Method of Research.--The Descriptive-Survey Method of Research, which employed the technique of the questionnaire, the specific technics of testing, and observational procedures were used to gather and to

¹
Journal of the American Association for Health, Physical Education and Recreation, Vol. XXXII, No. 7 (September, 1951), p. 14. As cited by "Report of the Committee on Terminology" in School Health Education (Los Angeles: University of California, August, 1952), p. 22.

interpret the data required for this study.

Subjects.--The subjects involved in this study were a selected group of sixth grade pupils, twenty-one teachers, the principal, the three custodians, the lunchroom manager and her four helpers, and twenty members of Perry School's P.T.A.

Instruments.--The research instruments which were used are as follows: (1) A questionnaire - "An Appraisal of the School Health Program,"¹ which was designed and validated by competent workers in the area of educational research of the Georgia Department of Health Education, (2) observations, (3) literature in the field of health, and (4) Health and Safety Education Test, Form A -National Achievement Test.²

Criteria of Reliability.--The criteria of reliability for appraising the data was the accuracy of the responses of the subjects to the items on the questionnaire, together with the reliability of the test administered, which constituted the sources of the data.

Research Procedure.--The following procedural steps were used to achieve the specific purposes of this research:

1. A survey of related literature pertinent to the study was made.
2. Permission to carry on the study was secured from the proper authorities.
3. The school personnel, P.T.A. members, and the sixth grade

¹ State Department of Education, An Appraisal of the School Health Program, Atlanta 3, Georgia.

² Oscar K. Buros, Mental Measurements Yearbook (New Jersey: The Gryphon Press, 1959), p. 642.

pupils concerned with this study were approached to secure their cooperation, and were orientated to the nature and scope of the problem.

4. A questionnaire, "An Appraisal of the School Health Program," State Department of Education, Atlanta 3, Georgia, was administered.
5. The Health and Safety Education Test, Form A-National Achievement Test was administered.
6. The data for both the questionnaire and test were assembled in appropriate tables; and statistically treated as follows: (a) The questionnaire data, with reference to frequency and per cent of responses to the respective items, and (b) the test data, with reference to the mean, median, standard deviation, standard error of the mean, and grade-placement or percentile indices for the group.
7. The findings, conclusions, implications, and recommendations are included in the completed thesis.

Collection of Data.--The data pertinent to this study was collected as outlined below:

1. During the month of September, 1960, the questionnaire was administered.
2. During the months of October and November, 1960, the questionnaire data were tabulated and assembled in appropriate tables; and in turn statistically treated with reference to number and per cent of the responses on the questionnaire.
3. During the month of December, 1960, forty sixth grade pupils of the Perry Elementary School were given the Acorn Health and Safety Education Test; and the test scores were assembled in tables and statistically treated with reference to the measures: mean, median, standard deviation, and standard error of the mean.

Survey of Related Literature.--A survey of the related literature pertinent to this research reveals that a lot of attention has been given to the school health program. The literature for this research has been categorized as follows:

I. History of the School Health Activities

II. Scope of School Health Program

1. Healthful school community environment
2. Health instruction
3. Health service
4. Physical Education and Recreation

III. Basic Areas of Criteria

History.--Historically speaking many school health activities had their beginnings abroad. As early as 1833 the French government passed a law making school authorities responsible for the sanitary condition of school buildings and for the health of children.¹

Horace Mann suggested as early as 1862 that health should be taught in schools but the idea was not well received. Although an occasional course in hygiene was introduced from time to time, relatively little was done prior to this time.²

The modern program of school health education began about 1915. It has put emphasis on healthful living, at the same time supplying the health facts which are needed. It has recognized that healthful school living and the child's contact with school health services supply many of his most valuable health learning experiences.

Healthful School-Community Environment.--The relationship between the physical plant of the school and the mental and physical health of its occupants is now widely recognized.

The American Association of School Administrators emphasizes the role of the physical environment in health in these words:

Educational growth of children to fullest potential cannot be achieved unless every aspect of the physical environment is so controlled that it contributes to the comfort and health

¹

C. Turner, C. Sellery, and S. Smith, op. cit., p. 26.

²

Ibid.

of the pupils and professional staff.¹

Supporting this belief, Turner, Sellery, and Smith in discussing health protection and health education had the following to say:

A healthful school environment (as well as adequate school health services, communicable disease control, a hygiene arrangement of the pupil's day, a good program of physical education, adequate safety and precautions, and the maintenance of a healthy staff) provides a means of teaching health indirectly. These indirect health learnings are a vital part of the child's health education.

Good sanitation will go far in reaching sanitary habits by habituating the child to a healthful environment. Poor sanitation contradicts and invalidates the teaching of sanitary principles. Good sanitation must be coupled with good instruction in order² to secure best results, each aiding and reinforcing the other.

In discussing standards for safety and sanitation in the Suggested School Health Policies, the National Committee on School Health Policies affirms:

The authority which requires pupils to attend school implies the responsibility to provide an environment as evocative as possible for growth, learning and health. Location of the school should be chosen with a view to ample space for buildings and grounds; to safety from accident hazards, especially traffic hazards; to freedom from noise; to cleanliness and to the provision of as good drainage as possible. The school should not be at the bottom of the valley nor at the top of an exceptionally high hill. There should be appropriate sunshine and shade if necessary, shelter from severe winds. The location should be easily accessible, particular for small children. Attractiveness of surroundings should not be overlooked.³

The organization of a healthful school day is an important aspect of healthful school living. For the school day to be organized

¹ American Association of School Administrators, Health in Schools (Washington, D. C.: 1951), p. 89.

² Turner, Sellery, and Smith, op. cit., p. 24.

³ National Committee on School Health Policies, Suggested School Health Policies (New York and Minneapolis, 1946), p. 11.

healthfully for all pupils, it must be planned on an individual basis. The physical and mental capacities of pupils vary so greatly that the ideal healthful school organization cannot be planned and administered for the average pupils as conditions have been and continue to be in many schools.

According to Irwin, the following factors must be dealt with in properly organizing the school day for optimum healthful living conditions:

1. The schedule of each pupil should be arranged on the basis of results of medical examinations. Care should be exercised that children are not permitted to attempt to carry too many subjects or to participate in too many activities.
2. The organized school day for academic work should not be too long.
3. Rest and relaxation periods should be arranged for those pupils for whom the regular routine seems too strenuous.
4. The pressure of including activities of all types should be kept at a minimum.
5. Class work for some pupils should be modified in accordance with their mental and physical capacity.
6. Pupils should be seated for eye and ear defects on the basis of the results of the medical examination.
7. Assignment to special classes should be made if necessary.¹

Health Education.--The modern concept of health teaching or health education is that it is more than the acquisition of health facts. More important than the facts themselves is what the learner does with the facts and what the facts do to the learner once he has used them. Health teaching today is based on the belief that health education is more than the mastery of health facts alone. It is concerned with desirable health behavior ---the improvement of living. It is concerned

1

Leslie W. Irwin, The Curriculum in Health and Health Education St. Louis: The C. V. Mosby Company, 1951), pp. 243-44.

with interest, needs and goals of the learner as seen by him. It is trying more and more to understand some of the reasons behind one's present behavior. Thus, the ultimate goal of health education is to put into practice those facts learned about health.¹

In placing emphasis upon the requisite climate and activities for a health program the Atlanta University School Health Workshop Bulletin states:

Health teaching or health education today should provide continuously those kinds of learning experiences which will influence favorably knowledge, attitudes, and conduct relating to individual and group health. It must provide those kinds of experiences which will enable pupils to live health, rather than just learn about it.

In order to provide a functional health education program for all its personnel, schools must attract to its staff teachers who realize that health is so vital a part of all living experiences that it is impossible to circumscribe the teaching program with courses, units, plans, and study outlines. They must also realize that they provide only a part of the total experiences of the child; that he lives in a home and community which provide a multitude of daily experiences not directed by the school.² These too contribute to the health behavior of the child.

Certain outstanding factors affect materially the results of health instruction in schools. In this connection Ritter and Shepherd stated that:

There are two aspects of health instruction in schools. One is mainly administrative and has a vital part in children's proper development. It mainly deals with the school environment and the physical set-up. The other is guidance and development of children along the lines of happy, efficient living. It has to do with procedures and the activities which the pupils more directly participate.³

¹ Report of School Health Workshop, School Health Program (Atlanta University: 1956), pp. 17-18.

² Ibid.

³ E. L. Ritter, and L. A. Shepherd, Methods of Teaching in Town and Rural Schools (New York: The Dryden Press, 1945), p. 48.

In discussing health instruction in the elementary school, the School Health Guide of Georgia states:

In the primary grades, emphasis should be placed on healthful living to the end that desirable health habits and proper attitudes will be developed. The methods of giving this emphasis should be through the utilization of everyday life experiences and through planned activities that are of interest and have meaning for children and will tend to influence favorably their health behavior.¹

Ragan has the following to say about health instruction in the elementary school:

Methods of including health instruction in the curriculum in the primary grades include (1) using routine daily experiences, such as morning inspection; the school lunch; rest periods; use of toilets; washbowls, and drinking fountains; examinations, immunization, and play periods; and adaptation of clothing and weather; (2) helping children explore and understand the health aspects of the environment by studying about milk, water, food, housing, clothing, pets, plants, industries, and transportation; and (3) health readers and dramatic plays.

Health instruction in the grades above the primary grades will continue to emphasize guidance in healthful living and in understanding the environment and making use of books. As the child grows older, he has the need for developing a factual background for healthful living, but the materials used should be closely related to his interests and needs.²

This point of health instruction in the elementary school further emphasized in the School Health Guide of Georgia as follows:

In the intermediate grades, the emphasis should be continued on the development of safety and health attitudes and practices of daily living at home, at school, and in the community. Added interests, understanding and appreciation of the need for and value of healthful living are basic at this age level. Children at this level should begin to understand the concepts underlying desirable health behavior. In the upper grades of this group special emphasis should be placed upon boy-girl relationships,

¹

School Health Guide, Georgia Department of Public Health (Atlanta: Georgia Department of Education, 1955), p. 32.

²

William B. Ragan, Modern Elementary Curriculum (New York: Henry Holt and Company, Inc., 1950), pp. 341-42.

adolescent body changes (particularly with girls), dating, good grooming and getting along with others. There should be an increasing consciousness on the part of the pupil of the relationships of individual, school and community health, developed through his participation in activities which involve these relationships.

Instruction in health on the high school level should be in terms of a carefully planned sequence of experiences based upon the students present level of knowledge and understandings, his attitudes and practices, his present and anticipated needs can be determined by health examinations, teacher observations, teacher-pupil conferences, school records, previous curriculum experiences in health, present and past experiences in other related areas.¹

According to the "Curriculum Framework for Georgia Schools",

Health instruction should possess such features as:

Health instruction given in related areas should be supplemented and strengthened with proper experiences in physical education and recreation, health services and environmental health and should be taught by teachers who have had training in the total school health program with special emphasis on the teaching of health, comparable in content and quality to that required in other major areas of the curriculum.²

Our understanding of health education or instruction today will be aided if we have an understanding of certain facts and principles which underlie the development and administrative conduct of the program. The following are summarizations of the ten general principles underlying health education as formulated by Turner, Sellery and Smith:

1. One's health is determined by both his heredity and his mode of living. Because of differences in constitution, two children with the same program of living may not maintain the same health. Neither teacher nor children should expect health education to produce uniform health.

2. Health education is the joint responsibility of the home and the school and, less directly, of the community. The school does not expect to supplant the home but rather to allow the

¹ School Health Guide, op. cit., pp. 32-33.

² Ibid.

child to find at school support for the program of healthful living which he is being taught at home.

3. In the elementary school, health education, or teaching for health, is principally in the hands of the classroom teacher. In dealing with the modification of habits, we recognize the importance of repetition. Children will form habits, not by learning a fact, but by doing things repeatedly with satisfactory results.

4. Health education must be accepted and fostered by the administration authorities of the school as a part of the educational program if it is to succeed.

5. Effective health education demands the understanding, sympathy, cooperation, and support of health specialists in the school system. Physicians, nurses, dentists, dental hygienists, physical educators, and nutritionists understand, contribute to, and cooperate in, the program of health education.

6. Health instruction and the development of health attitudes and habits contribute to the easier and better accomplishment of the mental, dental, and nursing services.

7. The promotion of teacher health is important to the health education program, as well as to the quality and cost of education. It is obvious that a well teacher will do better classroom work than a sick teacher. The instruction will be more effective, more continuous, and hence less expensive.

8. The professional skill and initiative of the teacher constitute a most valuable element in health education. Health is a way of living, not a subject that can be taught mechanically. Unless the teacher has initiative, interest in the pupil activities he develops, and the ability to adapt them to the needs of each particular group of children, the health education program in the classroom will fail to be fully effective.

9. It is necessary to develop health practices on the part of the child before he is old enough to understand the scientific reasons upon which these practices rest. Practice is needed before knowledge is possible. As the child develops, we gradually present the knowledge upon which health practices are based, adapting our instruction to his interest and capacities.

10. Correct attitudes are important. The desirable attitude toward health regards it as a means of enriching life and not as an end in itself. Health contribute to happiness, to comfort, to enjoyment, and to the maintenance of friendly social relationships.

It contributes to the accomplishment of the fundamental aims of life.¹

Health Services.---School health services are the joint responsibility of the schools, health department, and the community. Protecting and improving the health of students and school personnel through the operation of health services demands cooperative efforts from parents, physicians, dentists, nurses, teachers, psychologists, and others. We must remember, however, that parents have the primary responsibility for the health and welfare of their children.

There is growing convictions among experts that the teacher occupies the central position in the provision of health services.²

According to the Atlanta University School Health Workshop Bulletin, the strategic position of the teacher in the three areas of health program is characterized as follows:

The classroom teacher holds a strategic position in all three areas. The teacher is the first to observe signs and symptoms of communicable diseases in children and to discern other deviations from the normal. She assures the child of a safe and healthful classroom environment. The amount of knowledge a child gains about individual and community health depends upon this key person. His health habits and attitudes depend upon how the total health program is implemented by his classroom teacher.³

The teacher must teach health both by precept and example. She should never forget that teaching by example is an outstanding method in education. The following bit of verse retells appealingly the old

¹

C. Turner, C. Sellery, and S. Smith, op. cit., pp. 47-48.

²

Charles C. Wilson, (ed), Health Education (Washington, D. C.: National Education Association, 1948), p. 86.

³

Report of School Health Workshop, op. cit., p. 9.

text: Actions speak louder than words.

I

"I'd rather see a sermon
Than hear one any day;
I'd rather one should walk with me
Than merely show the way.
The eye's a better pupil,
And more willing than the ear;

Fine counsel is confusing,
But example's always clear.
And best of all the preachers
Are the men who live their creeds.
For to see good put in action
Is what everybody needs.

II

"I soon can learn to do it,
If you'll let me see it done;
I can see your hands in action,
But your tongue too fast may run.
And the lectures you deliver
May be very fine and true,

But I'd rather get my lesson
By observing what you do.
For I may misunderstand you
And the high advice you give
But there's no misunderstanding
How you act and how you live!"

1
- Anonymous.

Health services should provide for:

1. Normal growth and development; establish of desirable health habits and attitudes in children.

2. Health appraisal of all children, including physical examination by physicians and dentists; screening procedures and tests; inspection; and teacher observation.

3. Follow-up program to insure correction of defects by family; aiding individual and family to live effectively with

¹ Charles C. Wilson, op. cit., p. 229.

nonremedial defects; and obtaining appropriate adjustments of the school program to meet the needs of the child with non-remedial defects.

4. Information about health and scientific discoveries.
5. Information and guidance for the individual child's health.
6. Protection against health hazards, including communicable disease control, environmental sanitation, and accident prevention.¹

No school health program is complete unless provisions are made for the identification of handicapped students and the adaptation of programs to meet their needs. The physical and mental health of the handicapped students may be further impaired by neglect of his special problem.

The School Health Policies Committee has described the optimum climate for the handicapped child:

The handicapped child should be treated so far as possible just as if he had no handicap. Special attention should not go beyond that absolutely necessary to enable him to go along and get along with the class in which he is placed. On the other hand, there can be no objection to making any modifications, exceptions or provisions in the "regular" school program which will enable the handicapped child better to adjust himself to his tasks, teachers, and mates. The child should be helped to live successfully within his limitations, or even if this means doing things differently at different times from other children. He should be reasonably protected from feeling of incompetency, frustration, failure or a sense of being too different (though obviously somewhat different) from other children. Social adjustment is the paramount issue.²

Mental and emotional health are vital parts of any good school health program. They become more important as our civilization becomes more highly technological.

¹ School Health Guide, op. cit., pp. 5-6.

² National Committee on School Health Policies, op. cit., pp. 36-37.

Dr. Ruth Grout in speaking of children's needs mentions the fact that every child has certain emotional needs which must be recognized and met. Every child has the need for affection, to be liked by others, to keep from being hurt, to belong and to be comfortable.¹

The child is constantly having to make adjustments. Under the proper influence and environment this is done with a minimum of difficulty. However, when difficulties arise in adjustment, emotional disturbances and behavior problems manifest themselves. In order to help the child it oftentimes requires the help of a well-coordinated group of health helpmates, such as the teacher, social worker, nurse, psychologist and psychiatrists, guidance personnel and others working together.

Turner, Sellery and Smith describe the role of the teacher in providing for the mental health of children in these words:

The teacher has an opportunity, second only to that of parents to help children like and adjust themselves, learn to get along happily and successfully with others, and make wholesome adjustments to living. The teacher has both a positive and a preventive role in mental and emotional health. He pays careful attention to the promotion of positive mental health by providing the kind of environment at school in which children may grow and develop normally. He makes possible the kinds of learning experiences by which wholesome attitudes and behavior patterns may be formed. He is concerned also with discovering and preventing the further development of minor disorders and with referring for psychiatric services those children with emotional disturbances.²

Physical Education and Recreation.---In that area of school life which is today properly designated as physical education, the Greeks had

¹
Ruth E. Grout, Health Teaching in Schools (Philadelphia: W. B. Sanders and Company, 1953), p. 50.

²
C. Turner, C. Sellery, and S. Smith, op. cit., p. 254.

a way with it and the Romans had the words for it: "Mens Sans in Corpore Sano" ("A sound body in a sound mind"). Physical education is a way of education through motor activities and related experiences. The activities are selected as to content and directed as to outcomes.

Wilson points out the fact that it must be clearly stated and frankly admitted that for a long time there was a great deal of confusion about the relationship between physical education and the school health program. Although not identical, school health programs and physical education contribute so much to each other that a person engaged in one of these programs should actively support and promote the other.¹

According to the Texas Association of School Administrators, the purposes of physical education in terms of knowledges, attitudes, skills and practices are to:

1. Develop and maintain physical efficiency.
2. Develop useful physical skills.
3. Develop socially acceptable ways of behavior.
4. Develop enjoyment of wholesome physical relaxation.²

The School Health Guide of Georgia points out the following concerning physical education and recreation in a school health program:

When the school's physical education and recreation program is planned, it should be planned to include all children. A program that includes all children must consider in that word "all" the timid, aggressive, the mentally retarded, the

¹ Charles C. Wilson (ed), op. cit., p. 161.

² Health in Texas Schools (Austin, Texas: Texas Education Agency, 1956), p. 9.

exceptionally bright, and the physically handicapped.¹

Turner, Sellery, and Smith believe that physical education should contribute to the whole development of the child:

No longer is a physical education period considered to be merely one in which the muscles are developed and the circulation, respiration, or other bodily function is improved. We recognize its contribution to the development of the whole child.²

Oral hygiene is among the newest phases of health to be added to the school health program, and few systems have yet a comprehensive plan. In order for a school to have a comprehensive plan, it must formulate its program on the following principles:

1. It must be an integral part of the regular curriculum health program.
2. It should be built on the philosophy that oral hygiene is a way of living. It must grow out of and be a part of the experiences of the child in school, home and community.
3. Oral hygiene information, habits and attitudes to be effective must be acquired from purposeful functioning situations.
4. The objective should not be just good dental health but the most vital and best dental health possible for each child.
5. The entire school personnel has decided responsibility for, and must cooperate in, taking advantage of the many possibilities favorably affecting the dental behavior of school children.³

Basic Areas of Criteria.--In the health program of modern schools there are six basic areas of criteria of responsibility according to Allen, namely:

¹ School Health Guide, op. cit., p. 45.

² C. Turner, C. Sellery, and S. Smith, op. cit., p. 284.

³ Health and Physical Education, Curriculum Bulletin No. 201 (Fort Worth, Texas: Fort Worth Public Schools, 1937), p. 2.

1. A healthful school environment must be provided. Creating this involves such things as the health of teachers, the control of communicable diseases, and avoidance of conditions harmful to health.

2. A health guidance program is essential. Day-by-day observation of the teacher, periodic health examination, and health histories are necessary to discover children who have conditions detrimental to themselves and others.

3. Emergency health conditions demand immediate care. Teachers need to know proper procedures to follow and should have authority to do whatever is necessary to relieve the condition in case of emergency. It is a part of the health program to formulate the procedures to be used in emergencies and to instruct the pupils and teachers concerning them.

4. Accurate health information should be taught. It is the responsibility of the school to combat misinformation and superstition.

5. Sound health habits and attitudes need to be established. It is only by practical, habitual use of one's knowledge that both physical and mental health will be maintained.

6. The exceptional child requires a modified school program. For some exceptional pupils, the regular program must be varied. The health program includes special care that is needed to give these children an educational opportunity comparable with that of normal children.¹

1

A. Lea James Allen, "The Status of the Program of Health and the Role of the Health Coordinator in One Hundred Eighteen Negro Schools of Georgia, 1956-1957" (Unpublished Master's thesis, School of Education, Atlanta University, 1957), p.15 as cited from.

CHAPTER II

PRESENTATION AND ANALYSIS OF DATA

Prefatory Statement.--Good health is the very foundation upon which an individual depends to a large extent for achievement, success and happiness in life. Therefore, children of every community, social level, state and nation must be taught the fundamentals of good health, and must have available sources of routine as well as adequate health treatment. The School Health Program is a source from which children receive the learnings and services that are necessary for maintaining their health. A good school health program includes a healthful school environment, adequate school health services, a systematic program of physical education, and a functional program of health instruction.

In this chapter the presentation, analysis and treatment of the data of this study are organized and presented under the following divisions: (a) data obtained from the questionnaire that was administered, indicating the Organization and Administration of the School Health Program of the Perry Elementary School, Brunswick, Georgia, as indicated by the participants of this research; (b) data obtained on the Scope of the School Health Program of the Perry Elementary School, Brunswick, Georgia; and (c) data derived from the Acorn National Achievement Test Form A - Health and Safety Education, as obtained from Forty Sixth Grade Pupils of the Perry Elementary School, Brunswick, Georgia. These data are presented in the series of tables indicated below:

1. Tables 1 through 27 - Questionnaire data
2. Tables 28 through 32 - Test data

Finally, there is a section on interpretative summaries of the data.

Presentation of the Findings Which Reveal the Adequacy
of the School Health Program of Perry Elementary
School, Brunswick, Georgia, 1960-1961

Organization and Administration of the Health Program.--Table 1, page 27, presents the data on the organization and administration of the health Program of Perry Elementary School, Brunswick, Georgia, 1960-1961. The data reveal that the Perry School has a personnel directly responsible for the administration and promotion of the health program, as indicated by fifty or 100 per cent of the respondents.

Perry Elementary School as all respondents agreed, has an active school health committee, which is composed of teachers, lay people, pupils, and a nurse. Fifty or 100 per cent indicated that the sanitation personnel is not a member of the school health committee. Forty-nine or 98 per cent said that a dentist is included; one or 2 per cent did not respond. Forty-eight or 96 per cent indicated that a physician is included; two or 4 per cent did not respond. Forty-six or 92 per cent indicated that administrators are included; four or 8 per cent did not respond.

Forty-two or 84 per cent answered "yes" to the question does this committee meet regularly?; eight or 16 per cent gave no response to the question. As evidenced by forty-three or 86 per cent of the respondents, the school health committee helps to plan, activate, and evaluate the school health program; and the committee's procedures in evaluating the

TABLE 1

DISTRIBUTION OF RESPONSES TO FACTORS RELATIVE TO THE ORGANIZATION AND ADMINISTRATION OF THE SCHOOL HEALTH PROGRAM OF PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, AS REPORTED BY THE PRINCIPAL, TWENTY-ONE TEACHERS, THREE CUSTODIANS, LUNCHROOM MANAGER AND HER FOUR HELPERS, AND TWENTY MEMBERS OF THE P.T.A., 1960-1961

Factor	Yes		No		No Response		Total
	Per Cent		Per Cent		Per Cent		
I. Organization and Administration of the School Health Program							
A. Is there a person directly responsible for the administration and promotion of the health program in your school?	50	100					100
B. Is there an active school health committee?	50	100					100
1. Are teachers members of this committee?	50	100					100
2. Are administrators?	46	92			4	8	100
3. Are pupils?	50	100					100
4. Are lay people?	50	100					100
5. Is a physician included?	48	96			2	4	100
6. Is a dentist included?	49	98			1	2	100
7. Is a nurse included?	50	100					100
8. Sanitation personnel?			50	100			100
9. Does this committee meet regularly?	42	84			8	16	100
10. Does it help plan, activate, and evaluate the health program in your school?	43	86			7	14	100

program are effective; seven or 14 per cent did not respond to this item.

= Procedures in the Evaluation of the Health Program.---The data on the procedures used to evaluate the Health Program in the Perry Elementary School, Brunswick, Georgia, 1960-1961 are presented in Table 2, page 29. The table shows that the evaluation of the health program at Perry School includes health knowledge and health attitudes tests; interviews and conferences with pupils, parents, health personnel and other teachers. The table also shows that the information obtained from these conferences is used to improve the program. Observations of pupils' attitudes and practices in school, home and community is above average in effectiveness.

Table 2 appears to suggest that the Perry School needs to improve its evaluation of the health program and some improvement needs to be made in training and encouraging pupils to evaluate themselves by keeping anecdotal records, diaries, etc., so that they may be able to receive optimum benefits from the health program.

Personnel Involved in the Health Program.---Table 3, page 30, presents the data on the personnel involved in the health program of the Perry Elementary School, Brunswick, Georgia, 1960-1961. The table shows that the personnel involved in the health program has reasonable training in the program. There is an in-service training program in the school, but it was revealed that some improvement need to be made in the program so that all concerned can get the necessary training, and so that the program can function at its highest level of effectiveness.

The school personnel realizes the responsibilities involved in maintaining the physical, mental, social and emotional health of the

TABLE 2

DISTRIBUTION OF FACTORS RELATIVE TO THE EVALUATION OF THE SCHOOL HEALTH PROGRAM
OF PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Factor.	None Per Cent	Poor Per Cent	Fair Per Cent	Good Per Cent	Excellent Per Cent	No Response Per Cent	Total
a. Does the evaluation include:							
1. Health knowledge tests?			7	14	40	80	100
2. Health attitude tests?		4	8	10	20	30	100
3. Observing the attitudes and practice of pupils:							
(a) in school?			4	8	41	82	100
(b) in home, whenever possible?	2	4	6	12	36	72	100
(c) in community whenever possible?			10	20	31	62	100
4. Interviews and conferences with pupils, parents, health personnel, and other teachers?		2	4	5	10	36	100
5. Training and encouraging pupils to evaluate themselves by keeping anecdotal records, diaries, etc.	2	4	4	8	18	36	100
6. When the above information is obtained is it used to improve the health program?		1	2	4	8	39	100

TABLE 3

DISTRIBUTION OF FACTORS (IN-SERVICE TRAINING OF THE PERSONNEL) OF THE SCHOOL HEALTH
PROGRAM OF PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
C. Do school personnel have training in the school health program?							
1. All?	36	72					
2. More than half?	14	28					
3. Less than half?							
4. None?							
5. Does this training include mental health as well as physical health?	47	94			3	6	100
6. Do they feel that each has responsibilities in the school health program?	42	84			8	16	100
D. Is there an in-service training program in school health for all school personnel as part of total school program?	43	86	3	6	4	8	100
1. Study and planning during pre and post-planning weeks?	43	86	7	14			100
2. Study groups during school year?	37	74	9	18	4	8	100

pupils and professional staff, and utilizes every means available to it to attain the benefits that can be derived from a well planned school health program. Members of the personnel also realize that personal human relationships based upon cooperation in a friendly atmosphere lay the foundation and form the network for an effective and adequate program. Study and planning is carried on during Pre-and Post-Planning Weeks.

Nature of Written Health Program.--The data on the nature of the written health program of Perry Elementary School, Brunswick, Georgia, 1960-1961 are presented in Table 4, page 32.

It was unanimously agreed by the respondents that Perry School has a written program of health and it is revised and improved annually. The Program conforms to the standards established by the county program; and the public health personnel aids the school in carrying on the responsibilities of the school health program.

In planning and writing the program of school health, it may be noted that 42 or 84 per cent agreed that school personnel, students, and public health personnel participated; 4 or 8 per cent answered "no"; and 4 or 8 per cent did not respond. Twenty or 40 per cent of the respondents agreed that the P.T.A., school personnel and public health personnel participated, and thirty or 60 per cent did not respond. Twenty-five or 50 per cent said that the community, P.T.A., school personnel, and public health personnel participated; twenty-five or 50 per cent did not respond to the question.

Healthful School-Community Environment (Grounds).--Table 5, page 33, presents the data on the "grounds" of the Perry Elementary School, Brunswick, Georgia, 1960-1961. The data reveal that the Perry

TABLE 4

DISTRIBUTION OF FACTORS (WRITTEN PROGRAM OF HEALTH) FOR THE SCHOOL HEALTH PROGRAM OF
PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
E. Is there a written program of health for your school?	50	100					100
1. Is this written program revised and improved at least annually?	50	100					100
2. Does the written program of health for your school conform to the county written program of school health?	45	90			5	10	100
3. Do school personnel and public health personnel jointly carry on the responsibility of the health program in schools?	45	90			5	10	100
4. In planning and writing the program of school health, did the following participate:							
(a) School personnel, students, and public health personnel?	42	84	4	8	4	8	100
(b) P.T.A., school personnel and health personnel?	20	40			30	60	100
(c) Community, P.T.A., school personnel and public health personnel?	25	50			25	50	100

TABLE 5

DISTRIBUTION OF RESPONSES TO FACTORS RELATIVE TO THE SCOPE OF THE SCHOOL HEALTH PROGRAM (HEALTHFUL SCHOOL-COMMUNITY ENVIRONMENT OF PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961)

Factor	None Per Cent	Poor Per Cent	Fair Per Cent	Good Per Cent	Excellent Per Cent	No Response Per Cent	Total
II. Scope of the School Health Program							
A. Healthful School-Community Environment							
1. Grounds							
a. Suitable in size to meet state standards?			15	30	27	54	6 12 2 4 100
b. Landscaped for:							
(1) beautification					47	94	2 4 1 2 100
(2) drainage		9 18	10 20	27 54	2 4 2 4 100		
c. Grass, flowers and shrubbery in proper places and well kept?			4 8	38 76	6 12 2 4 100		
d. Are there objectionable commercial or industrial areas nearby creating excessive noise, dust, or other hazards?	4 8 19 38		11 22	4 8		12 24 100	
e. Are grounds clean and well kept?			3 6	46 92		1 2 100	

Elementary School's grounds meet the standards of requirements as set forth by the State. The grounds, which are well kept, are landscaped for beautification with flowers, shrubbery, and grass in proper places. The school utilizes the services of the personnel of the Building and Grounds Services of the local Board of Education in conjunction with its own custodial staff in providing for the constant care of the school grounds. Generally, the landscaping presents a pleasant atmosphere as well as providing a physical outdoor environment freed from health and safety hazards. It may be noted from Table 5, however, that there is objectionable noise due to the nearby passing of trains.

Healthful School-Community Environment (Buildings).---The data concerning the buildings of the Perry Elementary School, Brunswick, Georgia, are presented in Table 6, page 35. These data reveal that the buildings are attractive and in a state of good repair. The buildings, which present a friendly and inviting atmosphere, are orderly, clean, and well-lighted throughout.

It is to be noted that all respondents indicated that there is a separate rest room and lounge for teachers; and there is no ramp entrance which will accommodate a wheel-chair patient. The table also shows that there is not an adequate number of other necessary buildings, and that the school needs to explore the possibility of obtaining additional plant facilities in order to carry on a more effective program.

Healthful School-Community Environment (Sanitation).---Table 7, page 36, presents the data on the "sanitation facilities" of the Perry School,, Brunswick, Georgia, 1960-1961. The table shows that Perry

TABLE 6

DISTRIBUTION OF SELECTED FACTORS ON THE SCHOOL-COMMUNITY ENVIRONMENT (BUILDINGS) OF THE
SCHOOL HEALTH PROGRAM OF PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total	
2. Buildings								
a. Attractive and in good state of repair?	41	82	7	14	2	4	100	
b. Adequate number of suitable classrooms? (minimum 20 sq. ft. per pupil)	28	56	20	40	2	4	100	35
c. Adequate number of other necessary buildings?	20	40	28	56	2	4	100	
d. Is there a separate rest room for teachers where they may relax during free periods?	50	100					100	
e. Are buildings clean and well kept?	45	90	4	8	1	2	100	
f. Ramp entrance that will accommodate wheel chair?			50	100			100	

TABLE 7

DISTRIBUTION OF SELECTED FACTORS ON THE SCHOOL-COMMUNITY ENVIRONMENT (SANITATION) OF THE
SCHOOL HEALTH PROGRAM OF THE PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA,
1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
3. Sanitation							
a. Is drinking water available on school grounds?	50	100					100
(1) Is source of water approved by the Health Department	50	100					100
(2) Has it been tested and approved by the Health Department within the year?	48	96			2	4	100
(3) Is the quantity sufficient?	48	96	2	4			100
(4) Is the distribution system approved by the Health Department?	46	92			4	8	100
b. Are adequate sanitary-type drinking fountains available with heights adjusted to age groups using them?	49	98	1	2			100
c. Are there always plenty of paper towels?	49	98	1	2			100
d. Is either liquid soap or soap powder, properly dispensed, used for handwashing?	50	100					100
e. Are toilets approved by the Department of Public Health?	50	100					100
(1) Flush type Pit (check)	50	100					100
(2) Inside building?	50	100					100
(3) Provided with adequate number of commodes and urinals for the peak number of children using them?	48	96	2	4			100

TABLE 7 (CONTINUED)

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
(4) Kept clean?	44	88	4	8	2	4	100
(5) Free from marks?	36	72	10	20	4	8	100
(6) Well ventilated?	50	100					100
(7) Well lighted	50	100					100
(8) Supplied with plenty of toilet paper?	48	96	2	4			100
(9) Provided with fixtures suitable in height and size for children using them?	46	92	2	4	2	4	100
(10) Is disposal by septic tank?			50	100			100
(11) Or by city sewerage system?	50	100					100
F. Are children trained in proper use and maintenance of toilets?	50	100					100
G. Is there a toilet that will accommodate a wheel-chair patient?			50	100			100

School, Brunswick, Georgia, 1960-1961. The table shows that Perry School's sanitation facilities meet the standards for such facilities as set up by the Public Health Department. Fifty or 100 per cent of the respondents indicated that drinking water is available on the school grounds and that the water supply is tested and approved annually by the Health Department of Glynn County. There are sanitary-type drinking fountains available and adjusted to the pupils using them. The jets project from the side of the bowl to an upward angle and are high enough so as not to be submerged if the bowl becomes flooded.

Forty-nine or 98 per cent of the respondents indicated that there is plenty of paper towels for pupils' use; there is soap properly dispersed, available for handwashing; one or 2 per cent said "no." The flush-type toilets approved by the Department of Public Health, are inside the building. Toilet rooms with the entrances properly shielded are provided for each sex. The walls and floors are of materials that do not absorb moisture and have smooth, easily cleaned surfaces. Forty-eight or 96 per cent agreed that the toilets are provided with an adequate number of commodes and urinals for the number of children using them; two or 4 per cent said "no." The toilets with fixtures suitable in height and size for the children using them are clean, properly lighted, and ventilated. It was unanimously agreed that there is no toilet that will accommodate a wheel-chair patient.

Healthful School-Community Environment (Heating, Ventilation, Lighting).--Table 8, page 39, presents the data on the heating, lighting, and ventilation of the Perry Elementary School, Brunswick, Georgia. Table 8 shows that forty-five or 90 per cent of the respondents felt that Perry School has an adequate central heating system; four or 8 per cent

TABLE 8

DISTRIBUTION OF SELECTED FACTORS ON THE SCHOOL-COMMUNITY ENVIRONMENT (HEATING, VENTILATION, LIGHTING) OF THE SCHOOL HEALTH PROGRAM OF PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
4. Heating, Ventilation, Lighting							
a. Adequate central heating system?	45	90	4	8	1	2	100
b. Can an adequate portion of windows be opened to provide sufficient ventilation?	48	96			2	4	100
c. Are the rooms free from draft?	48	96			2	4	100
d. Is there an adequate supply of fresh air?	50	100					100
e. Is there an accurate thermometer in classrooms?	50	100					100
(1) Is it properly located?	48	96			2	4	100
f. Are there electric lights?	50	100					100
(1) Properly shielded?	49	98			1	2	100
(2) Do they give sufficient light to all parts of the room (at least 20 foot candles of artificial light).	49	98			1	2	100
g. Are translucent window shades used?			50	100		1	100
(1) Are proper light controls used to shield the windows adequately, so arranged that light enters from upper part of windows?	39	78	4	8	7	14	100
(check: diffusers_venetian blinds_two-way roller shades_).							

said "no", and one or 2 per cent did not answer the item. Forty-eight or 96 per cent indicated that an adequate portion of windows can be opened to provide sufficient ventilation; the rooms are free from draft, and in each there is a thermometer properly located. Two or 4 per cent did not react to the question. Fifty or 100 per cent said that there is an accurate thermometer in the classrooms; an adequate supply of fresh air provided; and there are electric lights in the school. Forty-nine or 98 per cent agreed that the lights are properly shielded and give sufficient light to all parts of the room; one or 2 per cent gave no response.

Table 8 further shows that thirty-nine or 87 per cent of the respondents answered "yes" to the question are proper light controls used to shield the windows adequately, so arranged that light enters from upper part of windows? Four or 8 per cent said "no", and seven or 14 per cent gave no response.

Table 8 indicates that the personnel of Perry School are aware of the importance of proper heating, lighting and ventilation in maintaining the health of its pupils and other school personnel, and has taken positive steps in that direction.

Healthful School-Community Environment (Furniture).—The Data in Table 9, page 41, presents information on the furniture of the Perry Elementary School, Brunswick, Georgia. Forty-eight or 96 per cent responded "yes" to the question are desks arranged for minimum of glare and maximum of light? One or 2 per cent of the respondents indicated "no", and one or 2 per cent gave no response. Forty-eight or 96 per cent said "yes" to the question are floors of natural wood, or light green marbelized linoleum or asphalt tile and free from glare? and may chalk

TABLE 9

DISTRIBUTION OF SELECTED FACTORS ON THE SCHOOL-COMMUNITY ENVIRONMENT (FURNITURE) OF
THE SCHOOL HEALTH PROGRAM OF PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA,
1960-1961

Factors	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
h. Are desks arranged for minimum of glare and maximum of light? (pupils should not face light or work in shadows created by their bodies)	48	96	1	2	1	2	100
(1) Are reading tables also thus placed?	47	94			3	6	100
(2) Are desks and furniture natural wood?	49	98			1	2	100
(3) Floors natural wood, or light green marbelized linoleum or asphalt tile and free from glare?	48	96			2	4	100
i. Are walls and ceiling a light shade?	50	100					100
(1) Are the walls without glare?	47	94			3	6	100
(2) Woodwork and trim same as walls, darkened to 50% reflection factor with non-glossy finish?	45	90	2	4	3	6	100
j. Do chalk boards have dull finish? Should be green with a minimum of 20% light reflection)	49	98			1	2	100
(1) May they be used without facing the light?	48	96			2	4	100
(2) Do teachers stand away from windows when teaching so pupils will not have to face light when looking at them?	50	100					100

boards be used without facing the light? Two or 4 per cent did not respond. Forty-seven or 94 per cent indicated that reading tables are in the classroom and the walls are without glare; three or 6 per cent did not respond. Forty-nine or 98 per cent answered "yes" to the question are desks and furniture of natural wood? and do chalk boards have dull finish? One or 2 per cent of the respondents did not respond. Forty-five or 90 per cent agreed that the woodwork and trim are same as the walls, darkened to 50 per cent reflection factor with non-glossy finish; two or 4 per cent said "no", and three or 6 per cent did not respond. All respondents indicated that the teachers stand away from the windows when teaching so pupils will not have to face light when looking at them.

Healthful School-Community Environment (Classroom Arrangement) and Cleanliness.--Table 10, page 43, presents the data on classroom arrangement and cleanliness at the Perry School, Brunswick, Georgia. The data reveal that fifty or 100 per cent of the respondents felt that the rooms were orderly and attractively arranged; that there are a few appropriate well placed pictures; that janitorial service is provided and supervised; that there are adequate equipment and supplies for cleaning; and that the desks and seats are movable and suitable in size for the pupils using them. Forty-nine or 98 per cent said that there are growing plants in the rooms; one or 2 per cent did not respond to the question. Forty-eight or 96 per cent answered "yes" to the question are satisfactory facilities provided for wraps and other garments, either in classroom or halls? One or 2 per cent said "no", and one or 2 per cent did not respond. Forty-eight or 96 per cent indicated

TABLE 10

DISTRIBUTION OF SELECTED FACTORS ON THE SCHOOL-COMMUNITY ENVIRONMENT (CLASSROOM ARRANGEMENT
AND CLEANLINESS) OF THE SCHOOL HEALTH PROGRAM OF PERRY ELEMENTARY SCHOOL,
BRUNSWICK, GEORGIA, 1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
5. Classroom arrangement and cleanliness							
a. Is janitorial service provided?	50	100					100
(1) Does he realize his importance in the general scheme for school sanitation and child welfare?	45	90	3	6	2	4	100
(2) Has he had special training for his job through the State Department of Education's custodial program?	50	100					100
(3) Does he have supervision?	50	100					100
b. Are there adequate equipments and supplies for cleaning?	50	100					100
c. Is room arrangement orderly and attractive?	50	100					100
d. Are there a few, appropriate, well placed pictures?	50	100					100
e. Are there growing plants in the room?	49	98			1	2	100
f. Is a mirror placed at such height that all pupils can use it?	24	48	25	50	1	2	100
g. Are screens on all windows?			50	100			100
h. Are desks and seats movable?	50	100					100
i. Are desks and seats suitable in size for age group using them?	50	100					100
j. Are satisfactory facilities provided for wraps and other garments, either in classroom or halls?	48	96	1	2	4		100
k. Are floors finished for beauty and ease of cleaning?	48	96	2	4			100

indicated that the floors are finished for beauty and ease of cleaning; two or 4 per cent did not respond. Table 10 further shows that forty-five or 90 per cent agreed that the janitor realizes his importance in the general scheme for school sanitation and child welfare; three or 6 per cent said "no," and two or 4 per cent did not respond. All or 100 per cent of the respondents indicated that the janitor has had no special training for his job through the State Department of Education's Custodial Program. It may be noted that fifty or 100 per cent indicated that there are no screens at all windows; however, screens are on all cafetorium and kitchen windows.

The School Lunch Program.--Table 11, page 45, presents the data on the school lunch program of the Perry Elementary School, Brunswick, Georgia, 1960-1961. All of the respondents indicated that the school lunch program is receiving federal aid; that the school is refraining from selling soft drinks and packaged foods; that the lunchroom is inspected regularly by the Public Health Department; that physical examinations are required for school lunch personnel which has had training in sanitation and proper methods of handling food; all children do not eat lunch; and that 80 per cent or more are not participating in the lunch program, but positive action is underway to increase the participation in the program. It is to be noted that all children who bring packed lunches are given an opportunity to eat in the dining room and are taught to pack a good lunch; and free lunches are given to those children who need them.

Forty-nine or 98 per cent agreed that all children eat in the lunchroom; one or 2 per cent did not respond. Forty-eight or 96 per cent said that all children are not provided a hot lunch; two or 4 per

TABLE 11

DISTRIBUTION OF SELECTED FACTORS ON THE SCHOOL-COMMUNITY ENVIRONMENT (SCHOOL LUNCH) OF
THE SCHOOL HEALTH PROGRAM OF PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA,
1960-1961

Factors	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
6. School Lunch							
a. Does the school have adequate facilities for a school lunch counter program?	24	48	26	52			100
(1) Is the school lunch program receiving federal aid?	50	100					100
(2) Is the school refraining from selling soft drinks and packaged foods?	50	100					100
(3) Is the lunchroom inspected regularly by the Department of Public Health?	50	100					100
(4) Are physical examinations required for school lunch personnel and student help?	50	100					100
(5) Do school lunch personnel have training in sanitation and proper methods of handling food?	50	100					100
All <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>							
Few <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>							
None <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>							
b. Do all children eat in lunchroom?	49	98			1	2	100
(1) Do all children eat lunch?			50	100			100
(2) Are all children provided hot lunch?			48	96	2	4	100
(3) Are 80% or more of the children participating in the lunch Program?			50	100			100

TABLE 11 (CONTINUED)

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
(4) Is anything being done to increase the participation in the school lunch program?	50	100					100
(5) Are the children who bring packed lunches given an opportunity to eat in the dining room?	50	100					100
Taught to pack a good lunch?	50	100					100
(6) Is pasteurized milk provided for every child daily?	19	38	28	56	3	6	100
(7) Are free meals given to children who need them?	50	100					100

cent gave no response. Twenty-four or 48 per cent felt that the school has adequate facilities for the lunchroom program; twenty-six or 52 per cent said "no."

Table 11 seems to indicate that some improvement need to be made in the Perry School's lunchroom program in regards to securing adequate facilities. It also shows that even though 80 per cent of more children are not participating in the lunchroom program, the educational personnel realizes the importance of such a program and is doing something to increase the participation. In the cafetorium, the pupils are provided opportunities for learning citizenship as well as enjoy a nutritious meal. The pupils assist in maintaining order, fostering a pleasant atmosphere; and participate in determining cafeteria policies.

School Lunch (Time Element).---Table 12, page 48, supports the fact that adequate time is allowed for eating lunch exclusive of washing hands and standing in line. Forty-nine or 98 per cent of the educational personnel felt that the children are encouraged to remain at the table until each child finishes his lunch; one or 2 per cent gave no response. According to forty-seven or 94 per cent of the respondents, classroom activities are correlated with the lunchroom activities and positive learning experiences are brought about as a result; however, three or 6 per cent gave no response. Twelve or 24 per cent indicated that the children return immediately to the classroom from the lunchroom; thirty-seven or 74 per cent said "no", one or 2 per cent did not respond to the question.

Organization and Administration of the School.---Table 13, page 49, presents the data on the organization and administration of the Perry

TABLE 12

DISTRIBUTION OF SELECTED FACTORS ON THE HEALTHFUL SCHOOL-COMMUNITY ENVIRONMENT (TIME ELEMENT)
OF THE SCHOOL HEALTH PROGRAM OF PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA,
1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
c. Is 20 minutes or more allowed for children to eat lunch exclusive of time consumed in washing hands, standing in line?	50	100					100
(1) Are all children encouraged to remain at the table until each child has had ample time to eat lunch?	49	98			1	2	100
(2) Are children allowed adequate time to wash hands before eating?	47	94	2	4	1	2	100
(3) Do children return immediately from lunchroom?	12	44	37	74	1	2	100
d. Is there evidence that the school lunch program is bringing about positive learning experiences to pupils either directly or through the classroom?	47	94			3	6	100

TABLE 13

DISTRIBUTION OF SELECTED FACTORS ON THE ORGANIZATION AND ADMINISTRATION OF THE SCHOOL
HEALTH PROGRAM OF THE PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
7. Organization and Administration of the school							
a. Is the school day long enough to prevent too much hurry?	37	74	3	6	10	20	100
b. Is there enough time given for rest, relaxation, play?	41	82	8	16	1	2	100
c. Are pupils overburdened with homework and extraclass activities?			47	94	3	6	100
d. Are examinations, marks, reports to parents emphasized to point to where children are subjected to undue amount of fear of failure?			48	96	2	4	100
e. Does the method of promotion take into consideration the total development of the pupil, rather than merely his knowledge of subject matter?	47	94			3	6	100

Elementary School, Brunswick, Georgia, 1960-1961. Thirty-seven or 74 per cent of the respondents indicated that the school day is long enough to prevent too much hurry; three or 6 per cent said "no"; and ten or 20 per cent did not respond. Table 13 also shows that forty-one or 82 per cent felt that there was enough time given for rest, relaxation, and play; eight or 16 per cent felt that there was not enough time given, and one or 2 per cent did not respond to the question. Forty-seven or 94 per cent said that pupils are not over-burdened with homework or extraclass activities, and the method of promotion takes into consideration the total development of the pupil rather than merely his knowledge of subject matter; three or 6 per cent did not respond. The data further reveal that forty-eight or 96 per cent felt that examinations, marks, and reports to parents were not emphasized to the point to where children were subject to an undue amount of fear of failure; two or 2 per cent did not respond to this item.

Relationship in the School.--Table 14, page 51, presents the data on the relations existing within the school and community. The data reveal that the relation existing between the school and community ranges from fair to excellent. The relationship between the school and home ranged from fair to excellent; the principal and administration relationship ranges from fair to excellent; and the principal-teacher, teacher-teacher relationships range from good to excellent. The educational personnel seems to realize that it takes the cooperation of all concerned in order for the health program to function with effectiveness.

Program of Counseling.--Table 15, page 52, presents the data on the program of counseling at the Perry Elementary School, Brunswick, Georgia, 1960-1961. It was revealed that there is not an adequate program

TABLE 14

DISTRIBUTION OF SELECTED FACTORS RELATIVE TO THE (RELATIONSHIP) OF THE SCHOOL HEALTH PROGRAM OF THE PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Factor	None Per Cent	Poor Per Cent	Fair Per Cent	Good Per Cent	No Response Per Cent	Total		
f. Are the relations between:								
(1) School and community?			4	8	40	80	6	12
(2) School and homes?			4	8	39	78	7	14
(3) Principal and adminis- tration?			3	6	39	78	8	16
(4) Principal and teachers?					39	78	11	22
(5) Teachers?					38	76	12	24

TABLE 15

DISTRIBUTION OF SELECTED FACTORS RELATIVE TO THE PROGRAM OF COUNSELING OF THE SCHOOL
HEALTH PROGRAM OF THE PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA,
1960-1961

Factor		Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
g.	Is there a program of counseling?			32	64	18	36	100
	(1) Has there been a trained counselor?			38	76	12	24	100
	(2) Is he trained in mental health?			32	64	18	36	100
h.	Are services of visiting teachers available?	50	100					100
	(1) Has this person had special training for the job?	50	100					100
	(2) Are these services used to remove the cause for:							
	(a) Non-attendance?	50	100					100
	(b) Poor attendance?	50	100					100
	(c) Behavior problems?	47	94			3	6	100

of counseling at the Perry Elementary School, nor is there a trained counselor. To a limited extent the services of a visiting teacher are available. These services are in the areas of non-attendance, poor attendance, and behavior problems.

It would appear that the Perry School needs to explore the possibility of inaugurating some type of counseling program in the school.

Community Environment.--The data on aspects of the community environment of the Perry Elementary School, Brunswick, Georgia, 1960-1961, are presented in Table 16, page 54. The data reveal that the school does promote and stimulate an interest in an adequate and safe water supply. There is an interest in periodic testing by health authorities of our water supply to safeguard the purity of it. The Perry Elementary School manifests an interest in proper sewage and garbage disposal, rodent control, and other health protective measures. From the percentage of "no responses" Table 16 appears to indicate that some improvement needs to be made in the school-community environment.

Safety of School Environment.--Table 17, page 55, presents the data on the provisions for safety at the Perry Elementary School, Brunswick, Georgia, 1960-1961. All respondents indicated that all floors at the Perry School are in good repair; that the heating and electrical units are checked regularly for unvented gases, overloading, and other hazards; that there is not a teacher trained in first-aid designated as supervisor of all play periods; and there is a school patrol. Forty-nine or 98 per cent of the respondents indicated that the corridors are safe; that there are no projections nor loose plaster; and that the fire protection equipment meets community fire regulations; one or 2 per cent did not respond to these questions. Forty-eight or 96 per cent

TABLE 16

DISTRIBUTION OF SELECTED FACTORS RELATIVE TO COMMUNITY ENVIRONMENT OF THE SCHOOL HEALTH
PROGRAM OF THE PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
8. Community Environment							
a. Does the school promote and stimulate interest in:							
(1) Adequate safe water supply?	44	88	2	4	4	8	100
(a) Fluoridation of water	41	82	2	4	7	14	100
(2) Proper sewage disposal?	44	88			6	12	100
(3) Insect and rodent control?	43	86	1	2	6	12	100
(4) Proper garbage disposal?	31	62	3	6	16	32	100
(5) Other needed public health protective measures?	42	84			8	16	100

TABLE 17

DISTRIBUTION OF SELECTED FACTORS ON THE SCHOOL-COMMUNITY ENVIRONMENT (SAFETY) OF THE SCHOOL
HEALTH PROGRAM OF THE PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
9. Safety							
a. Are corridors safe?	49	98			1	2	100
(1) No projections?			49	98	1	2	100
(2) No loose plaster?			49	98	1	2	100
(3) Floors and boards in good repair?	50	100					100
b. Is non-skid wax used on all floors?	48	96			2	4	100
c. Do all doors open outward?	50	100					100
d. Are all combustible and inflammable materials stored in fire-proof containers? (grease rags, oily mops, paper)	49	98			1	2	100
e. Is the heating unit checked regularly for unvented gases and fire hazards?	50	100					100
f. Is the electric circuit checked regularly for overloading and other hazards?	50	100					100
g. Does the fire protection equipment meet community fire regulations?	49	98			1	2	100
(1) Are they inspected regularly by the fire department?	41	82	4	8	5	10	100
h. Does playground construction meet safety standards?	46	92			4	8	100

TABLE 17 (CONTINUED)

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
i. Play equipment kept in good repair?	39	78	7	14	4	8	100
j. Are hazardous materials kept off playgrounds, such as nails, broken glass, stone, etc.?	38	76			12	24	100
k. Is there a teacher trained in first aid designated as supervisor of all play periods?			50	100			100
l. Is there a school patrol?	50	100					100
m. Have bicycle safety program?	48	96			2	4	100

indicated that non-skid wax is used on all floors to further insure safety, and the school does have a bicycle safety program; two or 4 per cent gave no response.

Table 17 shows also that forty-six or 92 per cent of the educational personnel felt that the playground construction meet safety standards; four or 8 per cent did not respond. It may be further noted that forty-one or 82 per cent indicated that the fire equipment is inspected regularly by the fire department; four or 8 per cent said "no"; and five or 10 per cent did not respond. Thirty-nine or 78 per cent felt that the play equipment was kept in good repair; seven or 14 per cent did not think so; four or 8 per cent did not respond. Thirty-eight or 76 per cent said that hazardous materials are kept off of the playground; twelve or 24 per cent did not respond.

Health Services.---Table 18, page 58, presents the data concerning the health services of the School Health Program of the Perry Elementary School, Brunswick, Georgia, 1960-1961. The scores range from a high of 50 or 100 per cent for is there a Department of Public Health in your community? to a low of 30 or 60 per cent for are pre-school children examined and remedial defects corrected before entering school, including dental defects? thirteen or 26 per cent said "no" to the question, and seven or 14 per cent did not respond. All respondents indicated that the Public Health Department has a health officer, nurses, an engineer or sanitarian, a dental clinic but no dental hygienist; and that teachers and the public health nurse participate in teacher-nurse conferences when the nurse visits the school. Forty-eight or 96 per cent of the respondents agreed that a close working relationship existed between the school and local health

TABLE 18

DISTRIBUTION OF RESPONSES TO FACTORS RELATIVE TO THE (HEALTH SERVICE) OF THE SCHOOL HEALTH
PROGRAM OF PERRY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
B. Health Services							
1. Is there a Department of Public Health in your community?	50	100					100
a. Does it have a:							
Health Officer?	50	100					100
Nurses?	50	100					100
Engineer or Sanitation?	50	100					100
Dental Hygienist?			50	100			100
Dental Clinic	50	100					100
2. Does a close working relationship exist between your school and the local health department?	48	96			2	4	100
3. Do local official and voluntary agencies participate in the school health program?	42	84	2	4	6	12	100
4. Do teachers and public health nurse participate in teacher-nurse conference when public health nurse visit school?	50	100					100
5. Do teachers do periodic "Teacher observation" of children?	42	84			8	16	100
6. Do teachers keep up-to-date notes of "teacher observation and transfer them with other records?	40	80	1	2	9	18	100

TABLE 18 (CONTINUED)

Factor		Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
b.	Are immunization standards in line with those recommended by the State Department of Public Health?	44	88			6	12	100
6.	Does the school receive reports of the visits of health officer?	42	84			8	16	100
7.	Is a health examination, including chest x-ray, required of all school personnel before employment?			32	64	18	36	100
8.	Is there a program for health of school employees?	38	76			12	24	100
a.	Do employees earn sick leave?	47	94			3	6	100
b.	Is provision made for employee health insurance?	46	92			4	8	100
9.	Are preschool children examined and remedial defects corrected before entering school, including dental defects?	30	60	13	26	7	14	100

department; two or 4 per cent did not respond. Forty-seven or 94 per cent said that employees earn sick leave; three or 6 per cent did not respond. Forty-six or 92 per cent said that provision is made for employee health insurance; four or 8 per cent gave no response. Forty-four or 88 per cent indicated that immunization standards are in line with those recommended by the State Department of Public Health; six or 12 per cent did not respond. Forty-two or 84 per cent indicated that teachers do periodic "teacher-observation" of pupils and that the school receives reports of the visits of health officers; eight or 16 per cent did not respond. Forty-two or 84 per cent indicated that local official and voluntary agencies participate in the school health program; two or 4 per cent indicated "no"; and six or 12 per cent did not respond. Thirty-eight or 76 per cent said that there is a program for health of school employees; twelve or 24 per cent gave no response. Thirty-two or 64 per cent indicated that a health examination, including chest X-ray, are not required of all school personnel before employment; eighteen or 36 per cent gave no response.

First Aid.--Table 19, page 61, presents the data on first-aid facilities in the Perry Elementary School, Brunswick, Georgia, 1960-1961. Perry School has a health suite and there is a special room for the care of the sick which is equipped with a first-aid cabinet. The facility is easily accessible in the event of accidents. All respondents indicated that there is someone trained in first-aid who is designated to be called for in all serious accidents; that sick children are isolated; and there are plans for transporting them home. Forty-two or 84 per cent indicated that there are plans for transporting children to the hospital; eight or 16 per cent did not respond. Forty-seven

TABLE 19

DISTRIBUTION OF SELECTED FACTORS RELATIVE TO (FIRST AID) OF THE SCHOOL HEALTH PROGRAM
OF PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
10. First Aid							
a. Is there a health suite?	46	92			4	8	100
(1) Does it contain a special room for the care of the sick?	50	100					100
(2) Does this suite meet standards of Building Code?	47	94			3	6	100
b. Is there a first aid cabinet?	48	98			2	4	100
(1) Is this cabinet easily accessible in time of accident?	50	100					100
(2) Do you check contents weekly and refill if needed?	44	88			6	12	100
(3) Is someone trained in first aid designated to be called for all serious accidents?	50	100					100
c. Are all teachers trained in first aid?	40	80	6	12	4	8	100
(1) If not, what per cent? _____							
11. Plans for sick children							
a. Do you isolate sick children?	50	100					100
b. Do you have plans for transporting them to:							
(1) home?	50	100					100
(2) hospital?	42	84			8	16	100
(3) doctor?	47	94			3	6	100

or 94 per cent said that there are plans for transporting children to the doctor, and that the health suite meet the standards of building code; three or 6 per cent gave no response. The contents in the first-aid cabinet are checked weekly and refilled when needed was indicated by forty-four or 88 per cent of the respondents; six or 12 per cent did not respond. Forty or 80 per cent indicated that the teachers are trained in first-aid; six or 12 per cent said "no", and four or 8 per cent did not respond.

Physical Education and Recreation.--The data in Table 20, page 63, are concerned with the Physical Education and Recreation Program of the Perry Elementary School, Brunswick, Georgia, 1960-1961. The data reveal that the teaching of physical education at the Perry School is done by the classroom teachers. Forty-eight or 96 per cent of the respondents indicated that they have had training in physical education; two or 4 per cent did not respond. Forty-seven or 94 per cent of them felt that the State Law regarding physical education was complied with; three or 6 per cent did not respond. According to forty-nine or 98 per cent of the respondents, physical education and recreation is provided for all children at the Perry School and this activity is coordinated with the total school health program; one or 2 per cent did not respond to the item.

Physical Education and Recreation Instructional Program.--Table 21, page 64, presents the data regarding the activities regarding the activities included in the physical education and recreation program at the Perry Elementary School, Brunswick, Georgia, 1960-1961. The data reveal that there is a comprehensive instructional program, planned progressively to promote the learning of motor skills and provide sufficient

TABLE 20

DISTRIBUTION OF RESPONSES TO FACTORS RELATIVE TO (PHYSICAL EDUCATION AND
RECREATION) OF SCHOOL HEALTH PROGRAM OF PERRY SCHOOL,
BRUNSWICK, GEORGIA, 1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
C. Physical Education and Recreation							
1. Is the State Law regarding physical education complied with?	47	94			3	6	100
2. In Elementary School							
(a) By providing a program of physical education and recreation for <u>all</u> children?	49	98			1	2	100
(b) Teaching done by	50	100					100
(c) Have they had training in physical education?	48	96			2	4	100
(d) Does the physical education teacher in high school help the elementary teacher?			46	92	4	8	100
(e) Is physical education coordinated with the total school health program?	49	98			1	2	100

TABLE 21

DISTRIBUTION OF SELECTED FACTORS RELATIVE TO (HEALTH ACTIVITIES) OF THE PERRY
ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Factor	None Per Cent	Poor Per Cent	Fair Per Cent	Good Per Cent	Excellent Per Cent	No Response Per Cent	Total
f. Is this a comprehensive instructional program planned progressively to promote:							
(1) The learning of motor skills?			5	10	41	82	100
(2) The providing of sufficient physical activity for normal growth and development?			4	8	42	84	100
(3) The teaching of games and sports for recreational use?					41	82	100
(4) The teaching of arts and crafts for recreational purposes?			8	16	38	76	100
g. Does the program provide activities including:							
(1) Games, utilizing the fundamental activities of running, jumping, throwing, striking, dodging, falling and catching?					42	84	100
(2) Rhythmic activities suited to the age of the child?			7	14	36	72	100

TABLE 21 (CONTINUED)

Factor	None Per Cent	Poor Per Cent	Fair Per Cent	Good Per Cent	Excellent Per Cent	No Response Per Cent	Total
(3) Stunts and self-testing activities?		1 2	15 30	30 60		4 8	100
(4) Activities requiring self-expression and group organization?			6 12	39 78	1 2	4 8	100
(5) Modified activities suited to the abilities of the physically handicapped?		5 10	4 8	39 78		2 4	100
(6) Intramural competition in sports and game adapted to age levels?	36 72					14 28	100
(7) Music (singing, piano, etc.)?			2 4	35 70	13 26		100
(8) Dramatics, hobbie, etc.?			10 20	36 72	4 8		100
h. Time allotment:							
Daily period at least 30 minutes (most desirable) exclusive of lunch time and recess?	Yes 46 92	No		70	No response 4	8	100
Three times per week?			33 66		17 34		100
Once a week?	40 80				10 20		100

physical activity for normal growth and development. The evaluations ranged from fair to excellent. There is a high of forty-two or 84 per cent who indicated that the instructional program is planned progressively to provide sufficient physical activity for normal growth and development. There is a high of forty-one or 82 per cent who indicated that the program is planned to promote the learning of motor skills. The evaluations ranged from good to excellent for does the program promote the teaching of games and sports for recreational use?; two or 4 per cent did not respond. Forty-two or 84 per cent indicated that the school provided activities including games, utilizing the fundamental activities of running, jumping, throwing, striking, dodging, falling and catching. The evaluations range from good to excellent; with one or 2 per cent not responding to the item. For the teaching of arts and crafts for recreational purposes, and rhythmic activities suited to the age of the child, the evaluations range from fair to excellent; three or 6 per cent gave no response for the former; two or 4 per cent gave no response for the latter. For stunts and self-testing activities, one or 2 per cent indicated poor; fifteen or 30 per cent fair; thirty or 60 per cent indicated good; and four or 8 per cent did not respond. For modified activities suited to the physically handicapped, five or 10 per cent indicated "poor", four or 8 per cent "fair", thirty-nine or 78 per cent "good", and two or 4 per cent gave no response. For activities requiring self-expression, self-direction, and group organization; six or 12 per cent said "fair", thirty-nine or 78 per cent "good", one or 2 per cent "excellent", and four or 8 per cent gave no response. The school does not engage in intramural competition as noted in Table 21. For Music, two or 4 per cent indicated "fair", thirty-five

or 70 per cent "good", and thirteen or 26 per cent "excellent." Ten or 20 per cent indicated that dramatics and hobbies are fair; thirty-six or 72 per cent good, and four or 8 per cent "excellent." Forty-six or 92 per cent indicated that there is a daily period of at least thirty minutes, exclusive of lunch time and recess for these activities; four or 8 per cent gave no response. Thirty-three or 66 per cent indicated that it was not three times a week; seventeen or 34 per cent did not respond. Forty or 80 per cent indicated once a week; ten or 20 per cent did not respond.

Health Instruction.---Table 22, page 68, presents the data on the health instructional program at the Perry Elementary School, Brunswick, Georgia, 1960-1961. The table shows that health instruction is integrated into the total instructional program, as agreed by forty-eight or 96 per cent of the respondents; two or 4 per cent gave no response. The subjects taught are: Reading, Language, Science, Social Studies, Art, Music, and Physical Education. All respondents agreed that instruction in safety measures is included in the program; that fire drills are held as a part of this instruction; that buildings and grounds are checked regularly for safety hazards; and a definite period is set aside for health instruction.

Nature and Scope of Health Education.---Table 23, page 69, presents data on factors which determine the type of instruction given at Perry School. The table shows that health instruction is based upon the needs, interests and abilities of students as determined by: teacher observation, health examinations, and health problems of the community; dental health is included.

Forty-eight or 96 per cent of the respondents indicated that

TABLE 22

DISTRIBUTION OF RESPONSES TO FACTORS RELATIVE TO (HEALTH INSTRUCTION) OF SCHOOL
HEALTH PROGRAM OF PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA,
1960-1961

Factor	Yes	Per Cent	No	Per Cent	No responses	Per Cent	Total
D. Health Instruction							
1. Is health instruction integrated into the teaching of <u>all</u> subjects in:							
a. Elementary schools?	48	96			2	4	100
(1) Check subjects:							
Reading ___ Language ___							
Science ___ Social Studies ___							
Music ___ Physical Education ___							
Mathematics ___							
2. Is instruction in safety measures included in the total school health program?	50	100					100
a. Are records of accidents kept, giving location, cause and extent if injury?	31	62	2	4	17	34	100
b. Are drills held as part of safety instruction?	50	100					100
c. Are buildings and grounds checked regularly for safety hazards as part of instruction program?	50	100					100
3. Is a definite period set aside for health instruction in Elementary School?	50	100					100

TABLE 23

DISTRIBUTION OF RESPONSES IN RELATION TO THE NATURE AND SCOPE OF THE HEALTH
INSTRUCTION OF THE PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA
1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
c. Is this instruction in elementary and high school based upon the needs, interests, and abilities of students as determined by:							
(1) Health examinations?	50	100					100
(2) Health practices?	49	98			1	2	100
(3) Health records?	47	94			3	6	100
(4) Teacher observations, etc.?	50	100					100
Does it include:							
(1) Health problems of school?	50	100					100
(2) Health problems of community?	50	100					100
d. Instruction in mental health included?	48	96	1	2	1	2	100
e. Instruction in dental health included?	50	100					100
f. Instruction in first aid given to all students?	30	60	16	32	4	8	100
g. Do teachers and pupils plan together health instruction?	48	96	2	4			100
(1) Health department personnel participate in this planning?	48	96	2	4			100

teachers, pupils and health personnel participate in planning the health instruction; two or 4 per cent did not respond. Forty-eight or 96 per cent indicated that instruction in mental health is included; one or 2 per cent said "no"; one or 2 per cent did not respond. Forty-seven or 94 per cent felt that instruction is determined by health records; three or 6 per cent did not respond. Forty-nine or 98 per cent agreed that health practices help to determine the instruction; one or 2 per cent gave no response. Thirty-one or 62 per cent indicated that records of accidents are kept; two or 4 per cent said "no", seventeen or 34 per cent did not respond. Thirty or 60 per cent said that first aid is taught to all students; sixteen or 32 per cent said "no"; four or 8 per cent did not respond.

Materials Available in Health Instruction.--Table 24, page 71, presents data on the materials available in the health instruction program of the Perry Elementary School, Brunswick, Georgia, 1960-1961. Fifty or 100 per cent of the respondents indicated that the health instructional program is planned as a part of the total school health program; that there is adequate health material available in the school library for both teachers and pupils; and other materials than textbooks are used. These include films, charts, posters, exhibits, reference books, pamphlets, magazines and materials available from the local health department. As may be noted from the Table 24, forty-nine or 98 per cent of the respondents agreed that the instructional program is written into the total health program; one or 2 per cent did not respond.

Activities Used in Health Instruction.--Table 25, page 72, shows that health teaching is done through a variety of activities at the

TABLE 24

DISTRIBUTION OF FACTORS IN RELATION TO AVAILABLE MATERIALS IN THE HEALTH
INSTRUCTION PROGRAM OF THE PERRY ELEMENTARY SCHOOL, BRUNSWICK,
GEORGIA, 1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
4. Is the health instructional program planned as part of the total school health program?	50	100					100
a. Is it written into the total health program?	49	98			1	2	100
5. Are other materials than text-books used as: (check) Films____ Charts____ Posters____ Exhibits____ Reference books____ Pamphlets____ Magazines____ Models____ Materials____ available from local health departments____	50	100					100
a. Is there adequate health materials available in school library?	50	100					100
(1) References for teachers?	50	100					100
(2) References for pupils?	50	100					100

TABLE 25

DISTRIBUTION OF RESPONSES RELATIVE TO THE PROGRAM OF ACTIVITIES IN HEALTH IN
THE PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Factor	(Check the Appropriate Blank Space)
<p>6. Is any health teaching done through such activities as: (check)</p> <p>trips to dairies__ markets__ bakery__ water works__ grocery store__ fire department__ health department__ hospitals__ radio programs received at school__ special lectures__ assembly programs on health__ helping in community clean-up campaigns__ medical examinations__ immunizations__ weighing and measuring children__ dental examinations__ testing hearing__ testing vision__ using the cumulative health records__ school lunchroom programs__ morning inspection__ safety on school bus__ safety at school__ safety in community__ safety in homes__ fire drills__ use of fire distinguishers__ laboratory experiments__ making a study of what children are eating__ nutritional experiments with white rats__ having pupils assume responsibility for regulating heating and ventilation to maintain temperature 68 to 70 degrees__ having pupils adjust curtains and lights for best effects in lighting__ play activities of children__ having children keep grounds and buildings clean and attractive__ planting of vegetable gardens at home__ at school__.</p>	

Perry Elementary School. Some of the activities engaged in most are: excursions, assembly programs on health, medical examinations, immunizations, weighing and measuring, dental examinations, vision and hearing screening, morning inspection, the school lunch program, fire drills, safety practices at home and at school, having the pupils assume the responsibility of ventilating the classroom, adjusting shades and lights for best effects in lighting, the children play activities, and having pupils keep grounds and buildings clean and attractive.

Teaching Health Attitudes and Habits.---Table 26, page 74, shows that the emphasis of health teaching at Perry Elementary School is directed toward the formation of intelligent behavior and proper attitudes rather than knowledge for knowledge's sake. This is evidenced by the pupils' selection of adequate and balanced diets, eating regularly and properly, practicing good dental habits, keeping themselves clean and well groomed, practicing proper toilet habits and playing outdoors except during inclement weather; as indicated by 100 per cent of the respondents.

It was revealed that the pupils engage in activities geared toward helping to keep classrooms and other parts of the building and grounds clean and attractive, and also help to make their homes more attractive. They observe proper safety rules and participate in monthly fire drills.

The pupils show interest in their growth and the reasons for it. They have a knowledge of the proper clothing to wear and practice wearing and caring for proper clothes. They also work, rest and relax at proper periods and get the proper amount of sleep.

The pupils have a knowledge of communicable diseases and remain at home when attacked by these diseases. They seek scientific and

TABLE 26

DISTRIBUTION OF RESPONSES RELATIVE TO THE HEALTH TEACHING FOR ATTITUDES AND
HABITS IN THE PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA,
1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
7. Is emphasis of health teaching directed to the formation of intelligent behavior and proper attitudes rather than knowledge for knowledge's sake, as evidenced by pupils:							
a. Selecting adequate and balanced diet, when choices can be made at school and elsewhere?	50	100					100
b. Eating regularly and properly?	50	100					100
c. Drinking plenty of water daily?	50	100					100
d. Visiting dentists twice yearly and at other times when needed?	50	100					100
e. Brushing teeth properly before breakfast and after each meal?	50	100					100
f. Keeping their person clean and well groomed?	50	100					100
g. Practicing proper toilet habits?	50	100					100
h. Washing and drying hands with paper towels before meals?	50	100					100
(1) After visits to the toilet?	50	100					100
i. Playing outdoors except during inclement weather?	50	100					100

TABLE 26 (CONTINUED)

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
j. Working, resting, and relaxing at proper periods and getting proper amount of sleep?	50	100					100
k. Practicing good posture habits?	50	100					100
l. Taking proper care of eyes, ears, teeth?	50	100					100
m. Remaining at home when attacked with colds or other communicable diseases?	50	100					100
n. Helping to keep classrooms and other parts of buildings and grounds clean and attractive?	50	100					100
o. Helping to keep building properly ventilated and lighted properly?	50	100					100
p. Helping to keep seats properly adjusted to needs of pupils?	50	100					100
q. Observing proper safety rules at school?	50	100					100
On streets?	50	100					100
Highways?	50	100					100
In homes?	50	100					100
r. Participating in monthly fire drills?	50	100					100
s. Showing interest in their growth and reasons for it?	50	100					100
t. Working together cooperatively and being kind and thoughtful?	50	100					100

TABLE 26 (CONTINUED)

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
u. Having knowledge of and wearing and caring for proper clothing?	50	100					100
v. Knowing how and properly caring for sick in homes?	40	80	9	18	1	2	100
w. Knowing how and administering first aid properly?	40	80	9	18	1	2	100
x. Seeking scientific medical advice when ill rather than treating self with patent medicines or follow advice of unqualified person?	50	100					100
y. Influencing in homes:							
Screening?	45	90			5	10	100
Providing better toilet facilities?	42	84			8	16	100
Better health habits of other members of family?	43	86			7	14	100
Improving water supply?	42	84	1	2	6	12	100
Helping to make home more attractive?	50	100					100

and medical advice when ill rather than try to treat themselves or follow the advice of some unqualified person.

Table 26 shows that the pupils work together cooperatively and are kind and thoughtful. They realize the value of personal human relationship based upon cooperation.

Forty or 80 per cent of the respondents felt that the children know how to properly care for the sick in the home and how to administer first-aid; nine or 18 per cent said "no"; and one or 2 per cent gave no response.

The pupils encourage better health habits for other members of the family, as evidenced by forty-three or 86 per cent of the respondents; seven or 14 per cent did not respond. Generally, Table 26 substantiates the fact that the teaching personnel at the Perry School directs health teaching toward the formation of intelligent behavior and proper attitudes, rather than knowledge for knowledge's sake.

The Special Education Program.--Table 27, page 78, presents the data on the "special Education Program" in the Perry Elementary School, Brunswick, Georgia, 1960-1961. The data indicate that the Perry Elementary School does not have a special education program for the exceptional children. Forty-five or 90 per cent of the respondents agreed that there is not such a program. Five or 10 per cent did not respond.

It may be concluded then that the Perry Elementary School needs to explore the feasibility as well as the desirability of inaugurating a program and services in Special Education. No school health program is complete without providing for those children who need some type of special service in order to develop to the maximum their capacities.

TABLE 27

DISTRIBUTION OF RESPONSES RELATIVE TO SPECIAL EDUCATION IN THE PERRY ELEMENTARY
SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Factor	Yes	Per Cent	No	Per Cent	No Response	Per Cent	Total
E. Special Education							
1. Does the school provide a program for exceptional children (mentally gifted, mentally retarded, with physical defects, emotionally disturbed or socially maladjusted)?							
a. Which programs are included?	45	90	5	10	100		78
2. Is this program approved by State Department of Education?							
a. Which programs are needed? _____	27	54	23	46	100		

Results on the Acorn Health and Safety Education Test (Part I).---

The data on the Good Health and Safety Habits components of the Acorn National Achievement Test as obtained from the raw scores of the forty sixth-grade pupils of the Perry Elementary School, Brunswick, Georgia, 1960-1961, are presented in Table 28, page 80. The raw scores ranged from a low of twenty to a high of twenty-eight, with a mean score of 23.7, a median of 24.25, a standard deviation of 1.7, with a standard error of the mean of .27.

There were 26 or 65 per cent of the pupils who scored above the mean, seven or 17.5 per cent of them scored within the mean class-interval, and seven or 17.5 per cent of them scored below the mean. The mean score 23.7 indicated a grade-placement index of 4.5 which, in turn, indicates that this group of sixth-grade pupils was 1.5 years retarded or below the level of expectancy of acquirement of knowledge about health and safety habits.

Results on the Acorn Health and Safety Education Test (Part II).---

The data on the Cause and Effect in Relation to Health and Safety component of the Acorn National Achievement Test as obtained from the raw scores of the forty sixth-grade pupils of the Perry Elementary School, Brunswick, Georgia, 1960-1961, are presented in Table 29, page 81. The raw scores ranged from a low of thirteen to a high of twenty-four, with a mean score of 17.68, a median of 16.5, a standard deviation of 2.7, with a standard error of the mean of .43.

There were twenty-three or 57.5 per cent of the pupils who scored above the mean, six or 15 per cent of them scored within the mean class-interval, and eleven or 27.5 per cent of them scored below the mean.

TABLE 28

DISTRIBUTION OF THE RAW SCORES ON THE ACORN NATIONAL ACHIEVEMENT TEST-
HEALTH AND SAFETY TEST (PART I - GOOD HEALTH AND SAFETY HABITS)
AS OBTAINED FROM THE FORTY SIXTH-GRADE PUPILS OF THE PERRY
ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Scores	Number	Per Cent
28	1	2.5
27	2	5.00
26	7	17.5
25	8	20.0
24	8	20.00
23	7	17.5
22	6	15.0
21	0	0.0
20	1	2.5
Total	40	100.0

Mean = 23.7
Median = 24.25
Sigma = 1.7
SEm = .27
Gr. Pl. = 4.5

TABLE 29

DISTRIBUTION OF THE RAW SCORES ON THE ACORN NATIONAL ACHIEVEMENT TEST-
HEALTH AND SAFETY TEST (PART II - CAUSE AND EFFECT IN RELATION
TO HEALTH) AS OBTAINED FROM THE FORTY SIXTH-GRADE PUPILS OF
THE PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA
1960-1961

Scores	Number	Per Cent
24	1	2.5
23	1	2.5
22	2	5.0
21	6	15.0
20	4	10.0
19	2	5.0
18	7	17.5
17	6	15.0
16	5	12.5
15	1	2.5
14	4	10.0
13	1	2.5
Total	40	100.0
Mean	=	17.68
Median	=	16.5
Sigma	=	2.7
SEm	=	.43
Gr. Pl.	=	5

The mean score 17.68 indicated a grade-placement index of five which, in turn, indicates that this group of sixth-grade pupils is one year retarded or below the level of expectancy of acquirement of knowledge about cause and effect in relation to health and safety.

Results on the Acorn Health and Safety Education Test (Part III).--

Table 30, page 83, presents the data on results of (Part III) of the Acorn Health and Safety Education Test, on Facts about Health and Safety, as obtained from the forty sixth-grade pupils of the Perry Elementary School, Brunswick, Georgia, 1960-1961. The raw scores ranged from a high of eighteen to a low of eleven. The mean score was 14.45, the median was 18.3, standard deviation was 4.0, and the standard error of the mean was .67.

There were twenty-three or 57.5 per cent of the pupils who scored above the mean; six or 15.0 per cent of the pupils scored within the mean class-interval; and eleven or 27.5 per cent below the mean. The mean score 14.45 indicated a grade-placement index of 5.5, which, in turn, indicates that this group of sixth-grade pupils is .5 years retarded or below the level of expectancy of acquirement of knowledge of facts about health and safety.

Results on the Acorn Health and Safety Education Test (Part IV).--

The data on the Application of Health and Safety Rules component of the Acorn National Achievement Test as obtained from the forty sixth-grade pupils of the Perry Elementary School, Brunswick, Georgia, 1960-1961, are presented in Table 31, page 84. The raw scores ranged from a high of ten to a low of two, with a mean score of 6.6; a median score of 7.5; a standard deviation of 1.7, with a standard error of the mean of .27.

TABLE 30

DISTRIBUTION OF THE RAW SCORES ON THE ACORN NATIONAL ACHIEVEMENT TESTS-
HEALTH AND SAFETY TESTS (PART III - FACTS ABOUT HEALTH AND
SAFETY) AS OBTAINED FROM THE FORTY SIXTH-GRADE PUPILS OF THE
THE PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Scores	Number	Per Cent
18	5	12.5
17	6	15.0
16	4	10.0
15	8	20.0
14	6	15.0
13	8	20.0
12	1	2.5
11	2	5.0
Total	40	100.0

Mean = 14.45

Median = 18.3

Sigma = 4.0

SEm = .67

Gr. Pl. = 5.5

TABLE 31

DISTRIBUTION OF THE RAW SCORES ON THE ACORN NATIONAL ACHIEVEMENT
TESTS - HEALTH AND SAFETY TEST (PART IV - THE APPLICATION OF
HEALTH AND SAFETY RULES) AS OBTAINED FROM THE FORTY
SIXTH-GRADE PUPILS OF THE PERRY ELEMENTARY SCHOOL,
BRUNSWICK, GEORGIA, 1960-1961

Scores	Number	Per Cent
10	3	7.5
9	3	7.5
8	13	32.5
7	8	20.0
6	7	17.5
5	3	7.5
4	2	5.0
3	0	0.0
2	1	2.5
Total	40	100.0

Mean = 6.6

Median = 7.5

Sigma = 1.7

SEm = .27

Gr. Pl. = 5

There were twenty-seven or 67.5 per cent who scored above the mean, seven or 17.5 per cent scored within the mean class-interval, and six or 15.0 per cent scored below the mean. The mean 6.6 indicated a grade-placement index of five, which, in turn, indicated that this group of sixth-grade pupils is one year retarded or one year below the level of expectancy of acquirement of knowledge about application of health and safety rules.

Results of the total Test Scores on the Acorn Health and Safety Education Test.--The data on the total test scores of the Acorn Health and Safety Education Test as obtained from the forty sixth-grade pupils of the Perry Elementary School, Brunswick, Georgia, 1960-1961, are presented in Table 32, page 86. The raw scores ranged from a low of fifty-six to a high of seventy-seven, with a mean score of 64.36; a median of 64.3; a standard deviation of 7.04, with a standard error of the mean of 1.12.

There are fourteen or 35 per cent above the mean, ten or 25 per cent within the mean class-interval, and sixteen or 40 per cent below the mean. The mean score of 64.36 indicated a grade-placement index of five, which, in turn, indicates that this group of sixth-grade pupils is one year retarded in the expected acquirement of knowledge about health and safety education.

TABLE 32

DISTRIBUTION OF THE TOTAL TEST SCORES ON THE ACORN NATIONAL ACHIEVEMENT TESTS - HEALTH AND SAFETY EDUCATION TEST - AS OBTAINED FROM THE FORTY SIXTH-GRADE PUPILS OF THE PERRY ELEMENTARY SCHOOL, BRUNSWICK, GEORGIA, 1960-1961

Scores	Number	Per Cent
76-77	1	2.5
74-75	0	0.0
72-73	2	5.0
70-71	3	7.5
68-69	3	7.5
66-67	5	12.5
64-65	10	25.0
62-63	4	10.0
60-61	6	15.0
58-59	3	7.5
56-57	3	7.5
Total	40	100.0
Mean =	64.36	
Median =	64.3	
Sigma =	7.04	
SEm =	1.12	
Gr. Pl.	5	

CHAPTER III

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Introduction.--It has long been recognized that good health is the principal source of individual and national strength. This nation, if it is to maintain world leadership, cannot afford at any time to have a large percentage of its manpower physically ineffective. The children of every community, state, and nation, therefore must be taught the fundamentals of good health.

Good health teaching goes far beyond the presentation of facts about healthful living. It leads children to take unto themselves the ideas gained and apply them in everyday living.

If a child is to develop and maintain desirable health practices, and apply them in everyday living, he needs the benefits to be derived from a well planned school health program.

An effective school health program is one which is alive and sufficiently flexible to meet the needs of those whom it serves. It provides well chosen facilities, activities, and experiences based on actual needs so that pupils will have an opportunity to learn and practice intelligent self-direction.

An effective program is concerned with the whole child. It is concerned with all of the factors in the home, school and community which influence the health and well being of all its personnel.

Rationale.--One of the greatest contributions the school can make to a child is to promote his present health and send him out with

proper habits and attitudes for protecting and maintaining that health for the rest of his life.

School health programs are concerned with the general problem of conservation of human resources. The general objective of the health program in the elementary school is to help boys and girls become increasingly capable of making intelligent decisions about their own health problems and those of the community, state, and nation. Because every aspect of the school health program influences the health of children, it is essential that every member of the staff understands the objectives of the school health program and assume some responsibility for contributing to the achievement of these objectives.

A good school health program includes a healthful school environment, adequate school health services, a systematic program of physical education and recreation, and a functional program of health instruction.

Health instruction in schools is a large area and an important cog in this overall pattern of health education. It should begin with where children are, recognize their needs, and guide their activities so as to lead them from one step to the next.

The environment and the way the child responds to it from day to day determine the direction his growth will take. Since children are required by law to attend school, it should be a place designed to serve their needs. If the school environment is drab, unattractive, and unsanitary, the child's physical, social, and intellectual growth will be limited.

Evolution of the Problem.---The writer was simulated to conduct

this study as a result of having participated in the 1956 Summer School Health Workshop at Atlanta University. She was instrumental in setting up the school health program of the Perry Elementary School, Brunswick, Georgia and was very interested in conducting a study to determine the present adequacy which inheres in the program.

Contribution to Educational Knowledge.--The researcher feels that the execution of this study indicates the degree to which the Perry Elementary School Health Program is adequately fulfilling its obligation toward meeting the health needs of its pupils and other personnel. Where these needs were found not being met, it is hoped that ways and means of ascertaining an effective health program are suggested so as to lend more effectiveness in promoting the physical, mental, social and emotional health of the pupils and professional staff.

The researcher further feels and hopes that this study will be beneficial to other schools in setting up an effective school health program.

Statement of the Problem.--The problem involved in this study was to determine the present adequacy of the school health program of Perry Elementary School, Brunswick, Georgia, during the 1960-1961 school year.

Limitation of the Study.--A critical limitation of this research inheres in the fact that no set of criteria per se, except for the standard test, was used to formulate and evaluate the relative levels of effectiveness of the health program; for the Georgia State Department of Health did not evolve a separate set of criteria nor did the respondents to the questionnaire use any such criteria.

Purpose of the Study.---The primary purpose of this research was to determine the present adequacy of the school health program of the Perry Elementary School, Brunswick, Georgia. The specific purposes were:

1. To determine the extent to which there were adequate facilities for carrying on health service in the school.
2. To determine to what extent health services and instruction are an integral part of the instructional program of the school.
3. To determine the extent to which health instruction in the school has resulted in measurable knowledge, habits, and applicability on the part of the pupils.
4. To appraise the healthful school living aspect of the school program.
5. To determine the extent to which the present health program and facilities meet the criteria of desirability and adequacy.
6. To gather reliable data which served as a basis for deriving an array of recommendations for a more effective school health program.

Definition of Terms.---The terms pertinent to this research are defined below:

1. "Health" refers to that complete fitness of body, soundness of mind, and wholesomeness of emotions, which make ¹ possible the highest quality of living and of service.
2. "School Health Program", as used in this study, refers to the school procedures that contribute to the understanding, maintenance, and improvement of health of pupils and school personnel, including health services, health education, and healthful school living.²
3. "Healthful School Living" designates the provision of a safe and healthful environment, the organization of a healthful school day, and the establishment of interpersonal

¹
C. Turner, C. Sellery, and S. Smith, School Health and Health Education (St. Louis: C. V. Mosby Company, 1957), p. 33.

²
Irwin Johnson, Methods and Materials in School Health Education (St. Louis: C. V. Mosby Company, 1956), p. 21.

relationships favorable to emotional, social, and physical health.¹

4. "Health Services" refers to the school procedures which are established to (a) appraise the health status of pupils and school personnel; (b) counsel pupils, parents, and other persons involved concerning appraisal findings; (c) encourage the correction of remedial defects; (d) help plan for the health care and education of handicapped children; (e) help prevent and control disease; (f) provide emergency care for the sick or injured.²

Locale of the Study.---The locale of this study was the Perry Elementary School, Brunswick, Georgia. Perry School is one of the elementary schools for Negroes in Glynn County. There are twenty-one teachers at Perry School, and the enrollment for this school year was 641.

Period of Study.---This research was conducted during the 1960-1961 school year at the Perry Elementary School, Brunswick, Georgia; and during the summer session of 1961 at Atlanta University.

Method of Research.---The Descriptive-Survey Method of research, employing the technique of the questionnaire, was used. The Acorn Health and Safety Education Test was administered, and records and observations were used to gather the data necessary for this study.

Subjects.---The subjects involved in this study were the principal, twenty-one teachers, three custodians, the lunchroom manager and her four helpers, twenty members of the Perry School Parent-Teacher Association, and a selected group of forty sixth grade pupils.

¹
American Association of School Administrators, Health in Schools (Washington, D. C.: 1944), p. 15.

²
Journal of the American Association for Health, Physical Education, and Recreation, XXII, No. 7 (September, 1951), p. 14. As cited by "Report of the Committee on Terminology" in School Health Education, University of California, Los Angeles (August, 1952), p. 2.

Description of Instruments.--The research instruments used in collecting the data for this research are as follows: The Georgia State Department of Education's Questionnaire: "An Appraisal of the School Health Program," and The Acorn Health and Safety Education Test. Specimens of these instruments are to be found in Appendix B, of the thesis. Observations and literature in the field of health were also used.

Procedure.--The procedural steps used in conducting this research were:

1. Permission to carry on this study was obtained from the proper authorities.
2. Literature pertinent to this study and similar research were reviewed and summarized.
3. Interviews with the personnel concerned with this study were conducted and a questionnaire was administered.
4. The Health and Safety Education Test was administered to a selected group of forty sixth grade pupils.
5. The data for both the questionnaire and test were assembled in appropriate tables; and statistically treated as follows: (a) The questionnaire data, with reference to frequency and per cent of responses to the respective items, and (b) the test data, with reference to the mean, median, standard deviation, standard error of the mean, and grade-placement or percentile indices for the group.
6. The findings, conclusions, implications and recommendations derived from the data are included in the completed thesis.

Summary of Pertinent Literature.--The summation of the literature pertinent to this research is characterized as follows:

Historically speaking many school health activities had their beginnings abroad. As early as 1833 the French government passed a law making school authorities responsible for the sanitary conditions of school buildings and for the health of children.¹

¹

C. Turner, C. Sellery, and S. Smith, op. cit., p. 26.

The modern program of school health education began about 1915. It has put emphasis on healthful living, at the same time supplying the health facts which are needed. It has recognized that healthful school living and the child's contact with school health services supply many of his most valuable health learning experiences.¹

Health teaching today is based on the belief that health education is more than the mastery of health facts alone. It is concerned with the desirable health behavior---the improvement of human living. It is concerned with the attitudes, feelings, beliefs, past experiences, and preceptions which one holds toward those things which he is being asked to learn.²

Protecting and improving the health of pupils and school personnel through the operation of health services demand cooperative effort from parents, physicians, dentists, nurses, teachers, psychologists, and others. There is growing conviction among experts that the teacher occupies the central position in the provision of health services.³

The classroom teacher holds a strategic position in all three areas of the school health program. The teacher is the first to observe signs and symbols of communicable diseases in children and to discern other deviations from the normal. She assures the child of a safe and healthful classroom environment. The amount of knowledge a child gains about individual and community health depends upon this key person. His health habits and attitudes depends upon how the total health program is implemented by his classroom teacher.⁴

Educational growth of children to fullest potential cannot be achieved unless every aspect of the physical environment is so controlled that it contributes to the comfort and health of the pupils and professional staff.⁵

Methods of including health instruction in the curriculum in the primary grades include (1) using routine daily experiences, such as morning inspection; the school lunch; rest

¹

C. Turner, C. Sellery, and S. Smith, op. cit., p. 26.

²

Report of School Health Workshop, School Health Program (Atlanta University, 1956), p. 17.

³

Charles C. Wilson (ed), Health Education (Washington, D. C.: National Education Association, 1948), p. 86.

⁴

Report of School Health Workshop, op. cit., p. 9.

⁵

American Association of School Administrators, op. cit., p. 9.

periods; use of toilets, washbowls, and drinking fountains; examinations, immunizations, and play periods; and adaptation of clothing and weather conditions; (2) helping children explore and understand the health aspects of the environment by studying about milk, water, food, housing, clothing, pets, industries, and transportation; and (3) using health readers and dramatic plays.¹

Health instruction in grades above the primary grades will continue to emphasize guidance in healthful living and in understanding the environment, and making use of books. As the child grows older, he has need for developing a factual background for healthful living, but the materials used should be closely related to his interests and needs.²

No school health program is complete unless provisions are made for the identification of handicapped students and the adaptation of programs to meet their needs. The physical and mental health of the handicapped student may be further impaired by neglect of his special problem.

The handicapped child should be treated so far as possible just as if he had no handicap. Special attention should not go beyond that absolutely necessary to enable him to go along and get along with the class in which he is placed.³

Preventive services are now of major importance in dental public health. Children and parents should be informed about the value of fluoridation of water supplies, topical fluoride treatments, the reduced carbohydrate diet, and proper oral hygiene.⁴

Health is the concern of all. Building a sound, workable health program must be the work of all. It is a challenging job, demanding our cooperation and our skill, but it is rewarding, for nothing brings more satisfaction than good health. It is a deeply gratifying achievement to have had a part in helping people to understand and obtain good health. The school is the logical place to start and to coordinate the

¹ E. L. Ritter, and L. A. Shepherd, Methods of Teaching in Town and Rural Schools (New York: The Dryden Press, 1950), p. 48.

² William B. Ragan, Modern Elementary Curriculum (New York: Henry Holt Company, Inc., 1960), pp. 341-42.

³ Health Education Council, Suggested School Health Policies, A Charter for School Health (New York: Health Education Council, 1946), p. 36.

⁴ Georgia Department of Public Health, School Health Guide (Atlanta: Georgia Department of Education, 1955), p. 11.

community's health program. It should be the deep concern of every teacher - and the janitor and superintendent as well.¹

Interpretative Summary of Findings

The summary of significant findings and conclusions obtained from the analysis and interpretation of the data, which reveal the status of the School Health Program of the Perry Elementary School, Brunswick, Georgia, 1960-1961, are presented below:

I. Organization and Administration of the School Health Program.

The data relative to the organization and administration of the school health program are summarized in the important facts below.

- A. Perry Elementary School has a personnel directly responsible for the administration and promotion of the health program.
- B. Perry School has an active school health committee, which is composed of teachers, administrators, pupils, lay people, a nurse, a dentist, and a physician. This committee helps to plan, activate, and evaluate the health program and the committee's procedures in evaluating the program are effective.
- C. The personnel involved has reasonable training in the health program, but some improvements need to be made in the in-service training program so that all concerned can obtain the necessary training; and that the program can function at its highest level of effectiveness.
- D. There is a written program of health at the Perry Elementary School and it is revised and improved annually. This written program conforms to the standards established by the county program and the school utilizes the services of the public health personnel in carrying on the responsibilities of the school health program.

II. Scope of the School Health Program

A. Healthful School-Community Environment

Perry Elementary School's playground space meet the standards as set forth by the State.

¹ Georgia Department of Public Health, op. cit., p. 28.

The grounds, which are well kept, are landscaped for beautification with flowers, shrubbery, and grass in proper places.

The buildings are attractive and in a good state of repair. The buildings, which present a friendly and inviting atmosphere, are clean, orderly, and well-lighted throughout. There is not an adequacy number of other necessary buildings and no ramp entrance that will accommodate a wheel-chair patient.

Perry Elementary School's sanitation facilities meet the standards for such facilities as set up by the Public Health Department. The toilets are flush-type and inside the building. There is an adequate number of commodes and urinals for the peak number of children using them. There is no toilet that will accommodate a wheel-chair patient.

There is an adequate central heating system at the Perry Elementary School. The rooms are free from drafts with and adequate supply of fresh air. The personnel of Perry School is aware of the importance of proper heating, lighting, and ventilation in maintaining the health of its pupils and other school personnel.

The classrooms are orderly and attractively arranged; there are a few appropriate well placed pictures, and growing plants are in each room. Janitorial service is provided at Perry School, however, some improvements need to be made in this area through provisions of in-service training of the janitorial staff. Screens are not on all windows.

The lunchroom program is inspected regularly by the Public Health Department. Requirements for the personnel and student help are adequate. The lunchroom program provides opportunities for learning citizenship as well as enjoying a nutritious meal. The pupils assist in maintaining order and a pleasant atmosphere and participate in determining cafeteria policies.

The data reveal that the school day is long enough to prevent too much hurry and the pupils are not over-burdened with homework and extra-class activities.

The relations between the school and community and the school and homes were found to be "good." The relations between the administration and principal, and principal and teachers were also found to be "good."

There is no trained counselor at the Perry Elementary School, however, having a person in the school trained in

this area would greatly enhance the total school program. Services of a visiting teacher are available.

Perry School's fire equipment meet community regulations and are regularly inspected by the fire department. The play equipment appears to be inadequate. There is a bicycle safety program, and school boy patrol at Perry School. There is not a teacher trained in first aid designated as supervisor of all play periods.

B. Health Service

The data reveal that there is a Department of Public Health, in the community; that preschool children are examined but all remedial defects are not corrected before entering school; that a close working relationship exist between the school and local health department; and that immunization standards are in line with those recommended by the State Department of Public Health. Perry School's personnel seems to realize the importance of providing adequate health services, if pupils are to gain the benefits to be derived from an effectively functioning school health program.

C. Physical Education and Recreation

There is an instructional program planned progressively to promote the learning of motor skills and provide sufficient physical activity for normal growth and development. Activities including running, jumping, throwing, striking, falling, and catching are included. The program in Music was found to be good, but dramatics, hobbies, and the allotment of time were found to be inadequate.

The data reveal that health instruction is integrated into the total instructional program, and that this instruction is based upon the needs, interests, and abilities of the students. Health materials are available in the library for both pupils and teachers. Perry School's teaching personnel uses various kinds of teaching aids in the instructional program. Some of these aids are: charts, films, posters, exhibits, reference books, pamphlets, magazines, and materials available from the local health department.

D. Special Education

A program of special education is not in existence at the Perry Elementary School but there is a need for a special education program to provide for those children who need

some type of special service in order to develop to the maximum their capacities.

III. Results on the Acorn Health and Safety Education Test

Results obtained from the Good Health and Safety component of the Health and Safety Education Test reveals that the forty sixth-grade pupils tested had a mean score of 23.7; a median of 24.85; a standard deviation of 1.7, with a standard error of the mean of .27. The mean score 23.7 indicated a grade placement index of 4.5 which, in turn, indicates that this group of pupils is 1.5 years below the level of expectancy of acquirements of knowledge about health and safety habits.

The Cause and Effect in Relation to Health and Safety component reveals that the pupils tested had a mean score of 17.68; a median score of 16.5; a standard deviation of 2.7; with a standard error of the mean of .43. The mean score 17.68 indicated a grade-placement index of 5 which, in turn, indicates that this group of sixth-grade pupils is one year below the level of expectancy of acquirement of knowledge about Cause and Effect in Relation to Health and Safety.

The data on Facts About Health and Safety, as obtained from the forty sixth-grade pupils, reveal that the pupils had a mean score of 14.45; a median of 18.3; a standard deviation of 4.0, with a standard error of the mean of .67. The mean score 14.45 indicated a grade-placement index of 5.5, which, in turn, indicates that this group of sixth-grade pupils is .5 years below the level of expectancy of acquirement of knowledge about health and safety facts.

The data on the Application of Health and Safety Rules component reveal that the pupils tested had a mean score of 6.6; a median score of 7.5; a standard deviation of 1.7, with a standard error of the mean of .27. The mean score of 6.6 indicated a grade-placement index of 5, which, in turn, indicates that this group of sixth-grade pupils is one year retarded or below the level of expectancy of acquirement of knowledge about the application of health and safety rules.

Results on the Total Test reveal that the forty sixth-grade pupils tested had a mean score of 64.36; a median of 64.3; a standard deviation of 7.04, with a standard error of the mean of 1.12. The mean score 64.36 indicated a grade-placement index of 5, which, in turn, indicates that this group of sixth-grade pupils is one year retarded in the expected acquirement of knowledge about health and safety education.

Conclusions.—The analysis and interpretation of the data relative

to this study would appear to warrant the following conclusions:

1. Perry Elementary School's physical plant is safe from hazards and in a good state of repair.
2. There is need for improvement in the in-service training program of the personnel.
3. There is need for improvement in the quality of health instruction, as indicated from the results of the Acorn Health and Safety Education Test.
4. The types of health services available are above average in effectiveness.
5. The heating, lighting, and sanitation facilities are adequate.
6. There is need for a Special Education Program.
7. The services of a visiting teacher are available.
8. There is no trained counselor in the school program.

Implications.—The interpretation of the findings of this study seem to focus attention upon the following implications:

1. It is apparent that the needs and interests of pupils with special aptitudes are not being adequately served by the school's present program.
2. It is apparent that the pupils need the opportunity for person-to-person relations with a teacher or teachers skilled in directing pupil development.
3. As indicated by test results, the health program is not effectively achieving the objectives set for it.
4. The health program is seriously hindered by the inadequacy

of "activities" and playground facilities.

5. Overall, staff members are not properly orientated nor desirably trained to carry on an effective health program.

Recommendations.--The following recommendations are made, as a result of the analysis and the interpretation of the basic data in conjunction with the conclusions and implications:

1. Provisions for a program in Special Education should receive affirmative action.
2. There should be persistent efforts to upgrade the quality of health instruction.
3. Opportunities need to be provided for applicability and development of proper health habits and attitudes on the part of the pupils.
4. Provisions for a trained counselor should be made.
5. The in-service education program should include a specific core on the health program in the school; or there should be inaugurated an independent in-service education program in health.
6. Wherever scaled-evaluation of the adequacy and effectiveness of aspects of the health program are indicated that it might be well to formulate a set of directing criteria to be used in making the evaluations.

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VITA

Adams, Annie Pearl

Education: Attended Elementary and Secondary School at Gillespie Selden Institute, Cordele, Georgia. Received B. S. degree in Elementary Education at Fort Valley State College, Fort Valley, Georgia.

Experiences: Presently employed as teacher of Fourth Grade in the Perry Elementary School, Brunswick, Georgia.

APPENDIXES

Appendix A
The Cover Letter

Perry Elementary School
Brunswick, Georgia
September 22, 1960

Dear Co-Workers,

I am interested in doing a study to determine the present adequacy of our school health program.

The title of my study is "A Study of the Adequacy of the School Health Program of Perry Elementary School, Brunswick Georgia."

It is hoped that this study will determine the extent to which the present program is adequately or inadequately meeting the health needs of our pupils and other school personnel. If these needs are not being met, it is hoped that ways and means of modifying and refining the present program will be suggested so as to meet the physical, mental, social and emotional needs of our pupils and professional staff.

You are asked to participate in this study by filling out the enclosed questionnaire and return it to me at the earliest possible date.

Your cooperation with this study will be greatly appreciated.

Sincerely yours,

(Miss) Annie P. Adams

Appendix B

Questionnaire: "An Appraisal of the School Health Program"

AN APPRAISAL OF THE SCHOOL HEALTH PROGRAM

STATE DEPARTMENT OF EDUCATION

Atlanta 3, Georgia

County _____ Date _____

Name of School _____ Address _____

Type of school: Elementary: Enrollment _____ No. Teachers _____

Junior High: Enrollment _____ No. Teachers _____

High School: Enrollment _____ No. Teachers _____

Combination (1-12): Enrollment _____ No. Teachers _____

Principal _____ Address _____

This is an effort to help schools evaluate and improve their health programs. It is based upon the belief that "Health is a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity", and that Health Education is the sum of all the experiences that contribute to this condition of the body; and further, that the school health program should be concerned with all ages - pre-school, school, out-of-school youth, and adults. It is suggested that the principal with his faculty, pupils, public health personnel and lay people study these items together in several study-group meetings and indicate by check the actual conditions in their school. Then all, working together, should make every effort possible to improve the weak points found in the program.

I. ORGANIZATION AND ADMINISTRATION OF THE SCHOOL HEALTH PROGRAM

A. Is there a person directly responsible for the administration and promotion of the health program in your school? Yes ___ No ___

B. Is there an active school health committee? Yes ___ No ___

1. Are teachers members of this committee? Yes ___ No ___

2. Are administrators? Yes ___ No ___

3. Are pupils? Yes ___ No ___

4. Are lay people? Yes ___ No ___

5. Is a physician included? Yes ___ No ___

6. Is a dentist included? Yes ___ No ___

7. Is a nurse included? Yes ___ No ___

8. Sanitation personnel? Yes ___ No ___

9. Does this committee meet regularly? Yes ___ No ___

10. Does it help plan, activate and evaluate the health program in the school? Yes ___ No ___

a. Does the evaluation include:

(1) Health knowledge tests? None ___ Poor ___ Fair ___
Good ___ Excellent ___.

(2) Health attitude tests? None ___ Poor ___ Fair ___
Good ___ Excellent ___.

AN APPRAISAL OF THE SCHOOL HEALTH PROGRAM

STATE DEPARTMENT OF EDUCATION

Atlanta 3, Georgia

County _____ Date _____

Name of School _____ Address _____

Type of school: Elementary: Enrollment _____ No. Teachers _____

Junior High: Enrollment _____ No. Teachers _____

High School: Enrollment _____ No. Teachers _____

Combination (1-12): Enrollment _____ No. Teachers _____

Principal _____ Address _____

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7. Is a nurse included? Yes ___ No ___

8. Sanitation personnel? Yes ___ No ___

9. Does this committee meet regularly? Yes ___ No ___

10. Does it help plan, activate and evaluate the health program in the school? Yes ___ No ___

a. Does the evaluation include:

(1) Health knowledge tests? None ___ Poor ___ Fair ___
Good ___ Excellent ___.

(2) Health attitude tests? None ___ Poor ___ Fair ___
Good ___ Excellent ___.

(3) Observing the attitudes and practices of pupils:

- (a) in school? None ___ Poor ___ Fair ___ Good ___ Excellent ___;
 (b) in home, whenever possible? None ___ Poor ___ Fair ___
 Good ___ Excellent ___;
 (c) in community, whenever possible? None ___ Poor ___ Fair ___
 Good ___ Excellent ___.

(4) Interviews and conferences with pupils, parents, health personnel and other teachers? None ___ Poor ___ Fair ___ Good ___ Excellent ___.

(5) Training and encouraging pupils to evaluate themselves by keeping anecdotal records, diaries, etc.? None ___ Poor ___ Fair ___ Good ___ Excellent ___.

(6) When the above information is obtained is it used to improve the health program? None ___ Poor ___ Fair ___ Good ___ Excellent ___.

C. Do school personnel have training in the school health program?

1. All? Yes ___ No ___
 2. More than half? Yes ___ No ___
 3. Less than half? Yes ___ No ___
 4. None? Yes ___ No ___
 5. Does this training include mental and social health as well as physical health? Yes ___ No ___
 6. Do they feel that each has responsibilities in the school health program? Yes ___ No ___

D. Is there an in-service training program in school health for all school personnel as part of total school program?

Yes ___ No ___

1. Study and planning during pre-and post-planning weeks? Yes ___ No ___
 2. Study groups during school year? Yes ___ No ___

E. Is there a written program of health for your school?

Yes ___ No ___

1. Is this written program revised and improved at least annually? Yes ___ No ___
 2. Does the written program of health for your school conform to the county written program of school health? Yes ___ No ___
 3. Do school personnel and public health personnel jointly carry on the responsibility of the health program in schools? Yes ___ No ___
 4. In planning and writing the program of school health, did the following participate:
 (a) School personnel, students and public health personnel? Yes ___ No ___
 (b) P.T.A., school personnel and public health personnel? Yes ___ No ___
 (c) Community, P.T.A., school personnel and public health personnel? Yes ___ No ___

II. SCOPE OF THE SCHOOL HEALTH PROGRAMA. Healthful School - Community Environment

1. Grounds

- a. Suitable in size to meet state standards? Poor ___ Fair ___

Good ___ Excellent ___.

- b. Landscaped for:
 (1) beautification None ___ Poor ___ Good ___ Excellent ___.
 (2) drainage None ___ Poor ___ Good ___ Excellent ___.
- c. Grass, flowers and shrubbery in proper places and well kept?
 None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- d. Are there objectionable commercial or industrial areas nearby creating excessive noise, dust or other hazards?
 None ___ Poor ___ Fair ___ Good ___ Excellent ___/
- e. Are grounds clean and well kept? Yes ___ No ___

2. Buildings

- a. Attractive and in good state of repair?
 Poor ___ Fair ___ Good ___ Excellent ___.
- b. Adequate number of suitable classrooms? (Minimum 20 sq.ft. per pupil) Yes ___ No ___
- c. Adequate number of other necessary buildings?
 None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- d. Is there a separate rest room for teachers where they may relax during free periods? Yes ___ No ___
- e. Are buildings clean and well kept? Yes ___ No ___
- f. Ramp entrance that will accommodate wheel chair? Yes ___ No ___

3. Sanitation

- a. Is drinking water available on school grounds? Yes ___ No ___
 (1) Is source of water approved by the Health Department? Yes ___ No ___
 (2) Has it been tested and approved by the Health Department within the year? Yes ___ No ___
 (3) Is the quantity sufficient? Yes ___ No ___
 (4) Is the distribution system approved by the Health Department? Yes ___ No ___
- b. Are adequate sanitary-type drinking fountains available with heights adjusted to age groups using them? Yes ___ No ___
- c. Are there always plenty of paper towels? Yes ___ No ___
- d. Is either liquid soap or soap powder, properly dispensed, used for handwashing? Yes ___ No ___
- e. Are toilets approved by the Department of Public Health? Yes ___ No ___
 (1) Flush type ___ Pit ___ (check)
 (2) Inside building? Yes ___ No ___
 (3) Provided with adequate number of commodes and urinals for the peak number of children using them? Yes ___ No ___
 (4) Kept clean? Yes ___ No ___
 (5) Free from marks? Yes ___ No ___
 (6) Well ventilated? Yes ___ No ___
 (7) Well lighted? Yes ___ No ___
 (8) Supplied with plenty of toilet paper? Yes ___ No ___
 (9) Provided with fixtures suitable in height and size for children using them? Yes ___ No ___
 (10) Is disposal by septic tank? Yes ___ No ___
 (11) Or by city sewerage system? Yes ___ No ___
- f. Are children trained in proper use and maintenance of toilets? Yes ___ No ___
- g. Is there a toilet that will accommodate a wheel-chair patient? Yes ___ No ___

4. Heating, ventilation and lighting

- a. Adequate central heating system? Yes ___ No ___
- b. Or adequate jacketed stoves? Yes ___ No ___
- (1) Do stoves have fresh air inlet from outside? Yes ___ No ___
- c. Or properly vented individual gas heaters? Yes ___ No ___
- d. Can an adequate portion of windows be opened to provide sufficient ventilation? Yes ___ No ___
- e. Are the rooms free from drafts? Yes ___ No ___
- f. Is there an adequate supply of fresh air? Yes ___ No ___
- g. Is there an accurate thermometer in classrooms? Yes ___ No ___
- (1) Is it properly located? Yes ___ No ___
- h. Are there electric lights? Yes ___ No ___
- (1) Properly shielded? Yes ___ No ___
- (2) Do they give sufficient light to all parts of the room (at least 20 foot candles of artificial light)? Yes ___ No ___
- i. Are translucent window shades used? Yes ___ No ___
- (1) Are proper light controls used to shield the windows adequately, so arranged that light enters from upper part of windows? (Check: diffusers ___ venetian blinds ___ two-way roller shades ___ listed in order of preference) Yes ___ No ___
- j. Are desks arranged for minimum of glare and maximum of light? (Pupils should not face light or work in shadows created by their bodies.) Yes ___ No ___
- (1) Are reading tables also thus placed? Yes ___ No ___
- (2) Are desks and furniture natural wood? Yes ___ No ___
- (3) Floors natural wood, or light green marbleized linoleum or asphalt tile and free from glare? Yes ___ No ___
- k. Are walls and ceiling a light shade? Yes ___ No ___
- (1) Are the walls without glare? Yes ___ No ___
- (2) Woodwork and trim same as walls, darkened to 50% reflection factor with non-glossy finish? Yes ___ No ___
- l. Do chalk boards have dull finish? (Should be green with a minimum of 20% light reflection) Yes ___ No ___
- (1) May they be used without facing the light? Yes ___ No ___
- (2) Do teachers stand away from windows when teaching so pupils will not have to face light when looking at them? Yes ___ No ___

5. Classroom arrangement and cleanliness

- a. Is janitorial service provided? Yes ___ No ___
- (1) Does he realize his importance in the general scheme for school sanitation and child welfare? Yes ___ No ___
- (2) Has he had special training for his job through the State Department of Education's custodial training program or elsewhere? Yes ___ No ___
- (3) Does he have supervision? Yes ___ No ___

- b. Are there adequate equipment and supplies for cleaning? Yes ☐ No ☐
- c. Is room arrangement orderly and attractive? Yes ☐ No ☐
- d. Are there a few appropriate, well placed pictures? Yes ☐ No ☐
- e. Are there growing plants in the rooms? Yes ☐ No ☐
- f. Is a mirror placed at such a height that all pupils can use it? Yes ☐ No ☐
- g. Are screens on all windows? Yes ☐ No ☐
- h. Are desks and seats movable? Yes ☐ No ☐
- i. Are desks and seats suitable in size for age group using them? Yes ☐ No ☐
- j. Are satisfactory facilities provided for wraps and other garments, either in classrooms or halls? Yes ☐ No ☐
- k. Are floors finished for beauty and ease of cleaning? Yes ☐ No ☐

6. School Lunch

- a. Does the school have adequate facilities for a school lunch program? Yes ☐ No ☐
- (1) Is the school lunch program receiving Federal aid? Yes ☐ No ☐
- (2) Is the school refraining from selling soft drinks and packaged foods? Yes ☐ No ☐
- (3) Is the lunch room inspected regularly by the Department of Public Health? Yes ☐ No ☐
- (4) Are physical examinations required for school lunch personnel and student help? Yes ☐ No ☐
- (5) Do school lunch personnel have training in sanitation and proper methods of food handling?
All ☐ Yes ☐ No ☐
Few ☐ Yes ☐ No ☐
None ☐ Yes ☐ No ☐
- b. Do all children eat in lunch room? Yes ☐ No ☐
- (1) Do all children eat lunch? Yes ☐ No ☐
- (2) Are all children provided a hot lunch? Yes ☐ No ☐
- (3) Are 80% or more of the children participating in the lunch program? Yes ☐ No ☐
- (4) Is anything being done to increase the participation in the lunch program? Yes ☐ No ☐
- (5) Are the children who bring packed lunches given an opportunity to eat in the dining room? Yes ☐ No ☐
- Taught to pack a good lunch? Yes ☐ No ☐
- (6) Is pasteurized milk provided for every child daily? Yes ☐ No ☐
- (7) Are free meals given to children who need them? Yes ☐ No ☐
- c. Is 20 minutes or more allowed for children to eat lunch exclusive of time consumed in washing hands, standing in line? Yes ☐ No ☐
- (1) Are all children encouraged to remain at the table until each child has had ample time to eat lunch? Yes ☐ No ☐
- (2) Are children allowed adequate time to wash hands before eating? Yes ☐ No ☐
- (3) Do children return immediately to classrooms from lunchroom? Yes ☐ No ☐
- d. Is there evidence that the school lunch program is bringing about positive learning experiences

to pupils either directly or through
classroom integration?

Yes ___ No ___

7. Organization and administration of the school

- a. Is the school day long enough to prevent too much hurry? Yes ___ No ___
- b. Is there enough time given for rest, relaxation, play? Yes ___ No ___
- c. Are pupils overburdened with home work and extraclass activities? Yes ___ No ___
- d. Are examinations, marks, reports to parents emphasized to point where children are subjected to undue amount of fear of failure? Yes ___ No ___
- e. Does the method of promotion take into consideration the total development of the pupil, rather than merely his knowledge of subject matter? Yes ___ No ___
- f. Are the relations between:
- (1) School and Community? Poor ___ Fair ___
Good ___ Excellent ___.
 - (2) School and homes? Poor ___ Fair ___ Good ___
Excellent ___.
 - (3) Principal and administration? Poor ___
Fair ___ Good ___ Excellent ___.
 - (4) Principal and teachers? Poor ___ Fair ___
Good ___ Excellent ___.
 - (5) Teachers? Poor ___ Fair ___ Good ___
Excellent ___.
- g. Is there a program of counseling? Yes ___ No ___
- (1) Is there a trained counselor? Yes ___ No ___
 - (2) Is he trained in mental health? Yes ___ No ___
- h. Are services of Visiting Teacher available? Yes ___ No ___
- (1) Has this person had special training for the job? Yes ___ No ___
 - (2) Are these services used to remove the causes for:
 - (a) Non-attendance? Yes ___ No ___
 - (b) Poor attendance? Yes ___ No ___
 - (c) Behavior problems? Yes ___ No ___

8. Community environment

- a. Does the school promote and stimulate interest in:
- (1) Adequate safe water supply? Yes ___ No ___
 - (a) Fluoridation of water Yes ___ No ___
 - (2) Proper sewage disposal? Yes ___ No ___
 - (3) Proper garbage disposal? Yes ___ No ___
 - (4) Insect and rodent control? Yes ___ No ___
 - (5) Other needed public health protective measures? Yes ___ No ___

9. Safety

- a. Are all stairways safe? Yes ___ No ___
- (1) Hand rails on all stairs in good repair? Yes ___ No ___
 - (2) Safety treads on all steps? Yes ___ No ___
 - (3) Bottom and top steps painted in contrast? Yes ___ No ___

- (4) Stairs and landings well lighted? Yes ___ No ___
- b. Are corridors safe? Yes ___ No ___
- (1) No projections? Yes ___ No ___
- (2) No loose plaster? Yes ___ No ___
- (3) Floor boards in good repair? Yes ___ No ___
- c. Is non-skid wax used on all floors? Yes ___ No ___
- d. Do all doors open outward? Yes ___ No ___
- e. Are all combustible and inflammable materials stored in fireproof containers? (grease rags, oily mops, paper) Yes ___ No ___
- f. Is the heating unit checked regularly for unvented gases and fire hazards? Yes ___ No ___
- g. Is the electrical circuit checked regularly for overloading and other hazards? Yes ___ No ___
- h. Does the fire protection equipment meet community fire regulations? Yes ___ No ___
- (1) Are they inspected regularly by the Fire Department? Yes ___ No ___
- i. Does playground construction meet safety standards? Yes ___ No ___
- j. Play equipment kept in good repair? Yes ___ No ___
- k. Are hazardous materials kept off playground, such as nails, broken glass, stone, etc.? Yes ___ No ___
- l. Is there a teacher trained in first aid designated as supervisor of all play periods? Yes ___ No ___
- m. Is there a school patrol? Yes ___ No ___
- n. Do all school busses meet Department of Public Safety standards? Yes ___ No ___
- (1) Drivers have training in driver education? Yes ___ No ___
- o. Have bicycle safety program? Yes ___ No ___
- p. Fire escapes meet state requirement? Yes ___ No ___

B. Health Service

1. Is there a Department of Public Health in your county? Yes ___ No ___
- a. Does it have a (check): Health Officer? ___
Nurses? ___ Engineer or Sanitarian? ___ Dental Hygienist? ___ Dental Clinic? ___
2. Does a close working relationship exist between your school and the local health department? Yes ___ No ___
3. Do local official and voluntary agencies participate in the school health program? Yes ___ No ___
4. Do teachers and public health nurse participate in teacher-nurse conference when public health nurse visits school? Yes ___ No ___
5. Do teachers do periodic "teacher observations" of children? Yes ___ No ___
- a. Do teachers keep up-to-date notes of "teacher observations" and transfer them with other records (School Health Form No. 2)? Yes ___ No ___
- (1) Record of sickness that causes absenteeism? Yes ___ No ___
- b. Are your immunization standards in line with those recommended by the State Department of Public Health? Yes ___ No ___
6. Does the school receive reports of the visits of health officer? Yes ___ No ___
- a. Reports of visits of other public health personnel? List _____ Yes ___ No ___
7. Is a health examination, including chest x-ray, required of all school personnel before employment? Yes ___ No ___
- (a) If not, which ones? _____

- b. Periodically every two years thereafter? Yes ___ No ___
8. Is there a program for health of school employees? Yes ___ No ___
 a. Do employees earn sick leave? Yes ___ No ___
 b. Is provision made for employee health insurance? Yes ___ No ___
9. Are preschool children examined and remediable defects corrected before entering school, including dental defects? Yes ___ No ___
10. First Aid
 a. Is there a health suite? Yes ___ No ___
 (1) Does it contain a special room for the care of the sick? Yes ___ No ___
 (2) Does this suite meet standards of Building Code? Yes ___ No ___
 b. Is there a first aid cabinet? Yes ___ No ___
 (1) Is this cabinet easily accessible in time of accident? Yes ___ No ___
 (2) Do you check contents weekly and refill if needed? Yes ___ No ___
 (3) Is someone trained in first aid designated to be called for all serious accidents? Yes ___ No ___
 c. Are all teachers trained in first aid? Yes ___ No ___
 (1) If not, what percent? _____
11. Plans for sick children
 a. Do you isolate sick children? Yes ___ No ___
 b. Do you have plans for transporting them to:
 (1) home? Yes ___ No ___
 (2) hospital? Yes ___ No ___
 (3) doctor? Yes ___ No ___
12. Civil Defense
 a. Does your school have an active civil defense program? Yes ___ No ___
 b. Is the school program of civil defense in accord with the state program of civil defense? Yes ___ No ___
 c. Does every child wear an identification tag? Yes ___ No ___
 d. Has every child received instruction as to where to go when disaster hits? Yes ___ No ___
 e. Has every child received instruction as to what to do and what precautions should be observed when disaster strikes? Yes ___ No ___

C. Physical Education and Recreation

1. Is the State Law regarding physical education complied with? Yes ___ No ___
2. In Elementary School
 (a) By providing a program of physical education and recreation for all children? Yes ___ No ___
 (b) Teaching done by classroom teachers? Yes ___ No ___
 (c) Have they had training in physical education. Yes ___ No ___
 (d) Does the physical education teacher in high school help the elementary teachers? Yes ___ No ___
 (e) Is physical education coordinated with the total school health program? Yes ___ No ___
 (f) Is this a comprehensive instructional program planned progressively to promote:
 (1) The learning of motor skills? None ___
 Poor ___ Fair ___ Good ___ Excellent ___
 (2) The providing of sufficient physical activity for normal growth and development? None ___ Poor ___ Fair ___ Good ___ Excellent ___

- (3) The teaching of games and sports for recreational use? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (4) The teaching of arts and crafts for recreational purposes? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- g. Does the program provide activities including:
- (1) Games, utilizing the fundamental activities of running, jumping, throwing, striking, dodging, falling and catching? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (2) Rhythmic activities suited to the age of the child? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (3) Stunts and self-testing activities? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (4) Activities requiring self-expression, self-direction and group organization? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (5) Modified activities suited to the abilities of the physically handicapped? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (6) Intramural competition in sports and games adapted to age levels? (No interscholastic contests for children of these ages?) None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (7) Music (singing, piano, etc.) None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (8) Dramatics, hobbies, etc? None ___ Poor ___ Fair ___ Good ___ Excellent ___.

h. Time allotment:

Daily period at least 30 minutes (most desirable)
exclusive of lunch time and recess?
Three times per week?
Once a week?

Yes ___ No ___
Yes ___ No ___
Yes ___ No ___

3. In High School

- a. By providing a program of physical education and recreation for all pupils? (band, chorus, military should not be substituted for physical education) Yes ___ No ___
- b. Is physical education coordinated with the total school health program? Yes ___ No ___
- c. Is the size of classes in keeping with that of other high school classes? Yes ___ No ___
- d. Are classes taught by teachers well trained in total school health program with special emphasis in physical education? Yes ___ No ___
- (1) Women teachers for girls? Yes ___ No ___
- e. Does this program provide opportunity for the promotion of normal growth through a wide range of activities, such as?
- (1) Free and individual play? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (2) Sports and games? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (3) Self-testing activities? None ___ Poor ___ Good ___ Excellent ___.
- (4) Stunts and tumbling, achievement tests in sports, and fundamental skill tests? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (5) Swimming and life saving? None ___ Poor ___ Fair ___ Good ___ Excellent ___.

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- (6) Prevention of fatigue through rest and relaxation? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
 - (7) Remedial and adapted sports? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
 - (8) Adequate program of intramural athletics for junior high school students and all girls? (No interscholastic contests for children under 13 years of age.) None ___ Poor ___ Fair ___ Good ___ Excellent ___.
 - (9) Intramural and interschool athletics for boys properly coached and supervised by teachers trained in total school health program with major in physical education? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
 - (a) Are these programs in line with recommendations in New School Health Guide? Yes ___ No ___
 - (b) Is a physician present at each interscholastic contest? Yes ___ No ___
 - (10) Is the intramural and interscholastic athletic program for girls in line with that recommended in the New State School Health Guide? Yes ___ No ___
 - (11) Rhythmic fundamentals? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
 - (12) Co-educational and co-recreational activities? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
 - (13) Properly dressed for all activities? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
 - (14) Take showers following activities? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
 - (15) Camping, hiking and outing? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
 - (16) Arts and crafts? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
 - (17) Music (singing, piano, etc)? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
 - (18) Dramatics, hobbies? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- f. Facilities and Equipment
- (1) Does your school have a gymnasium? Yes ___ No ___
 - (2) Is there one piece of play material per 8 children (i.e., soccer balls, playground balls, bats, rackets, basketballs, etc)? Yes ___ No ___
 - (3) Does your school have a locker room which provides:
 - (a) A locker for each child participating in physical education program? Yes ___ No ___
 - (b) Adequate shower facilities for physical education classes? Yes ___ No ___
 - (c) Adequate toilet facilities? Yes ___ No ___
 - (4) Does your school have equipment for weighing and measuring pupils? Yes ___ No ___
 - (5) Does your school have adequate improved play space? Yes ___ No ___
- g. Time Allotment
- (1) Does each pupil in high school participate in a period of physical activity comparable in length to other high school classes? Yes ___ No ___
- Once each day? (desirable) Yes ___ No ___
- Three times per week? Yes ___ No ___

Once per week?

Yes ___ No ___

D. Health Instruction

1. Is health instruction integrated into the teaching of all subjects in:

a. Elementary Schools?

Yes ___ No ___

(1) Check subjects: Reading ___ Language ___
 Science ___ Social Studies ___ Art ___ Music ___
 Physical Education ___ Math. ___

b. High School?

Yes ___ No ___

(1) Check subjects: Biology ___ General Science ___
 Chemistry ___ Physics ___ Physical Education ___
 Homemaking ___ Agriculture ___ English ___ Math. ___
 Social Studies ___ Military ___ Music ___ Art ___
 Commercial ___

2. Is instruction given in the facts concerning the effects of alcohol on:

a. The Body?

Yes ___ No ___

b. Behavior of the individual?

Yes ___ No ___

c. Economic conditions?

Yes ___ No ___

d. Family relations?

Yes ___ No ___

e. Civic responsibilities?

Yes ___ No ___

f. Are teachers trained in alcohol education?

Yes ___ No ___

3. Is driver education offered in high school?

Yes ___ No ___

a. Approved by State Department of Education?

Yes ___ No ___

4. Is instruction in safety measures included in the total school health program?

Yes ___ No ___

a. Are records of accidents kept, giving location, cause, and extent of injury?

Yes ___ No ___

b. Are fire drills held as part of safety instruction?

Yes ___ No ___

c. Are buildings and grounds checked regularly for safety hazards as part of instruction program?

Yes ___ No ___

5. Is a definite period set aside for health instruction in:

a. Elementary School (7th - 8th grades)?

Yes ___ No ___

b. In High School?

Yes ___ No ___

(1) Does this meet requirement of one unit of health instruction as outlined in Curriculum Framework for Georgia Schools and in New Georgia School Health Guide

(a) With at least one semester daily (more is desirable) in the ninth grade?

Yes ___ No ___

(b) At least one semester daily (more is desirable) in the twelfth grade?

Yes ___ No ___

(c) Is this instruction done by teachers who are trained in total school health program with special emphasis on health instruction, comparable in quantity and quality to that required by teachers in other areas?

Yes ___ No ___

c. Is this instruction in elementary and high school based upon the needs, interests, and abilities of students as determined by:

(1) Health examinations?

Yes ___ No ___

(2) Health practices?

Yes ___ No ___

(3) Health records?

Yes ___ No ___

(4) Teacher observations, etc.?

Yes ___ No ___

Does it include

(1) Health problems of school?

Yes ___ No ___

(2) Health problems of community?

Yes ___ No ___

- d. Instruction in mental health included? Yes ☐ No ☐
- e. Instruction in dental health included? Yes ☐ No ☐
- f. Instruction in first aid given to all students? Yes ☐ No ☐
- g. Do teachers and pupils plan together health instruction? Yes ☐ No ☐
- (1) Health department personnel participate in this planning? Yes ☐ No ☐
6. Is the health instructional program planned as part of the total school health program? Yes ☐ No ☐
- a. Is it written into the total health program? Yes ☐ No ☐
7. Are other materials than textbooks used, as: (check)
Films ☐ Charts ☐ Posters ☐ Exhibits ☐ Reference Books ☐
Pamphlets ☐ Magazines ☐ Models ☐ Materials available from local health department ☐
- a. Is there adequate health material available in the school library? Yes ☐ No ☐
- (1) References for teachers? Yes ☐ No ☐
- (2) References for pupils? Yes ☐ No ☐
8. Is any health teaching done through such activities as: (check) trips to dairies ☐ market ☐ bakery ☐ water works ☐
grocery store ☐ fire department ☐ Health department ☐
hospitals ☐ radio programs received at school ☐
special lectures ☐ assembly programs on health ☐ helping in community clean-up campaigns ☐ medical examinations ☐
immunizations ☐ weighing and measuring children ☐
dental examinations ☐ testing hearing ☐ testing vision ☐
using the cumulative health records ☐ school lunchroom program ☐
morning inspections ☐ teaching high school pupils how to drive a car ☐ safety on school bus ☐ safety at school ☐
safety in community ☐ safety in homes ☐ fire drills ☐
use of fire extinguishers ☐ laboratory experiments ☐
making a study of what children are eating ☐
nutritional experiments with white rats ☐ having pupils assume responsibility for regulating heating and ventilation to maintain temperature 68 to 70 degrees ☐
having pupils adjust curtains and lights for best lighting effects ☐
play activities of children ☐ having children help keep grounds and buildings clean and attractive ☐ planting of vegetable gardens at home ☐ at school ☐ ?
9. Is emphasis of health teaching directed to the formation of intelligent behavior and proper attitudes rather than knowledge for knowledge's sake, as evidenced by pupils:
- a. Selecting adequate and balanced diet, when choices can be made at school and elsewhere? Yes ☐ No ☐
- b. Eating regularly and properly? Yes ☐ No ☐
- c. Drinking plenty of water daily? Yes ☐ No ☐
- d. Visiting dentist twice yearly and at other times when needed? Yes ☐ No ☐
- e. Brushing teeth properly before breakfast and after each meal? Yes ☐ No ☐
- f. Keeping their person clean and well groomed? Yes ☐ No ☐
- g. Practicing proper toilet habits? Yes ☐ No ☐
- h. Washing and drying hands with paper towels before meals? Yes ☐ No ☐
- (1) After visits to toilet? Yes ☐ No ☐
- i. Playing outdoors except during inclement weather? Yes ☐ No ☐
- j. Working, resting, and relaxing at proper periods and getting proper amount of sleep? Yes ☐ No ☐
- k. Practicing good posture habits? Yes ☐ No ☐
- l. Taking proper care of eyes, ears, teeth? Yes ☐ No ☐

- m. Remaining at home when attacked with colds or other communicable diseases? Yes ___ No ___
- n. Helping to keep classrooms and other parts of buildings and grounds clean and attractive? Yes ___ No ___
- o. Helping to keep building properly ventilated and properly lighted? Yes ___ No ___
- p. Helping to keep seats properly adjusted to needs of pupils? Yes ___ No ___
- q. Observing proper safety rules at school?
On streets? Yes ___ No ___
Highways? Yes ___ No ___
In homes? Yes ___ No ___
- r. Participating in monthly fire drills? Yes ___ No ___
- s. Showing interest in their growth and reasons for it? Yes ___ No ___
- t. Working together cooperatively and being kind and thoughtful? Yes ___ No ___
- u. Having knowledge of and wearing and caring for proper clothing? Yes ___ No ___
- v. Knowing how and properly caring for sick in home? Yes ___ No ___
- w. Knowing how and administering first aid properly? Yes ___ No ___
- x. Seeking scientific medical advice when ill rather than treating self with patent medicines or follow advice of unqualified person? Yes ___ No ___
- y. Influencing in homes:
Screening? Yes ___ No ___
Providing better toilet facilities? Yes ___ No ___
Better health habits of other members of family? Yes ___ No ___
Improving water supply? Yes ___ No ___
Helping to make home more attractive? Yes ___ No ___

E. Special Education

1. Does the school provide a program for exceptional children (mentally gifted, mentally retarded, with physical defects, emotionally disturbed or socially maladjusted)? Yes ___ No ___
a. Which programs are included? _____
2. Is this program approved by State Department of Education? Yes ___ No ___
a. Which programs are needed? _____

If you need help with the program for exceptional children write: SUPERVISOR of Education of Exceptional Children
State Department of Education, Atlanta 3, Ga.

If you need help in interpreting this APPRAISAL FORM and/or in improving your school health program write:

DIRECTOR of School Health Division, State Department of Public Health, Atlanta 3, Ga.

or

COORDINATOR of Health, Physical Education and Recreation,
State Department of Education, Atlanta 3, Ga.

Appendix C

Test: The Acorn Health and Safety Education Test

NATIONAL ACHIEVEMENT TESTS

FORM A

HEALTH and SAFETY EDUCATION TEST

(Grades 3 - 6, Inclusive)

LESTER D. CROW, Ph.D., Chairman, Department of Education, Brooklyn College
LORETTA C. RYAN, M.A., Assistant Director of Health Education, New York City
Edited by CLIFFORD L. BROWNELL, Ph.D., Chairman, Health and Physical Education,
Teachers College, Columbia University

Grade
Score Equivalent

Part I _____

Part II _____

Part III _____

Part IV _____

TOTAL _____

NAME _____ (Last) _____ (Middle) _____ (First) NAME OF SCHOOL _____

AGE: _____ Years _____ Months GRADE _____ CITY _____ STATE _____ DATE _____

DIRECTIONS: This test has four parts:

PART I—GOOD HEALTH AND SAFETY HABITS

PART II— CAUSE AND EFFECT IN RELATION TO HEALTH AND SAFETY

PART III—FACTS ABOUT HEALTH AND SAFETY

PART IV—APPLICATION OF HEALTH AND SAFETY RULES

After reading the directions and answering the **SAMPLE QUESTION** and **PRACTICE EXERCISE**, begin the test and answer the questions in Part I. When you finish Part I go on to Part II and then to Parts III and IV. **DO NOT HURRY. DO NOT WASTE TIME.** If you do not know the answer to a question, go on to the next one.

Below are listed a **SAMPLE QUESTION** and a **PRACTICE EXERCISE** that show you what to do when you begin the test. In the **SAMPLE QUESTION** the **BEST** answer is marked for you. Next read the **PRACTICE EXERCISE** and find the **BEST** answer. Then place a cross (X) on the letter at the right of the page that best answers the question.

SAMPLE QUESTION

Answer Column

1. Digestion begins in the

A stomach

B mouth

C throat

A ~~X~~ C

(Since digestion begins in the mouth the letter B is crossed.)

PRACTICE EXERCISE:

2. After eating, do not go swimming for at least

A thirty minutes

B one hour

C two hours

A B C

(Since the best answer is two hours, you should cross the letter C.)

For each question that follows, place a cross (X) on the letter in the Answer Column at the right of the page that best answers the question.

PART I. — GOOD HEALTH AND SAFETY HABITS

DIRECTIONS: For each question that follows, place a cross (X) on the letter in the Answer Column at the right of the page that best answers the question.

	Answer Column			
1. Boys and girls should drink	A	B	C	1
A tea				
B milk				
C coffee				
2. The safest place to play ball is	A	B	C	2
A on the street				
B near buildings with windows				
C on the playground				
3. On rainy days wear rubbers out of doors to	A	B	C	3
A keep from catching cold				
B protect your shoes				
C keep the house clean				
4. When dirt or a cinder gets into your eye	A	B	C	4
A rub your eye to push it out				
B let the tears wash it out				
C have it removed by a person who knows how				
5. If fruit is eaten for lunch	A	B	C	5
A throw the skins on the floor				
B leave the skins on the table				
C put the skins into a garbage can				
6. During a vacation, be careful to	A	B	C	6
A drink water that looks clean and clear				
B drink water from sources approved by the board of health				
C boil all water you use				
7. If you must cross a busy street while roller skating	A	B	C	7
A remove skates before crossing				
B skate across quickly				
C skate across slowly				
8. Clothing made of cotton is best worn during the	A	B	C	8
A winter				
B summer				
C fall				
9. If you are wet with perspiration after a game	A	B	C	9
A drink a glass of cold water				
B sit in a cool place				
C put on your sweater				
10. At mealtime	A	B	C	10
A be cheerful				
B hurry through the meal to have more time for play				
C find a topic of conversation about which you can argue				
11. If you wear glasses	A	B	C	11
A keep them clean and unscratched				
B clean them once in a while				
C wash them when they become dirty				
12. When you wash and dry your face use	A	B	C	12
A the family wash cloth and towel				
B your own wash cloth and towel				
C a wash cloth and towel used by not more than one other person				
13. For breakfast, a boy or girl should have	A	B	C	13
A coffee, rolls, and an orange				
B cake, a glass of milk, and an orange				
C an orange, whole grain cereal with milk and sugar, toast, and a glass of milk				

PART I.—GOOD HEALTH AND SAFETY HABITS (Cont'd)

	Answer Column
14. If you are badly sunburned A use baking soda and water B forget about it C use soap and water	A B C 14
15. After going to the toilet A rinse the hands with cold water B do not bother to wash the hands unless they are dirty C wash the hands with soap and water	A B C 15
16. Your hair should be washed A when you have nothing else to do B at least once every two weeks C if you are going to a party	A B C 16
17. The best way to develop strong muscles is through A play B work C both play and work	A B C 17
18. When you buy shoes A try on both shoes B try on one shoe C get the same size you bought the last time	A B C 18
19. Harmful germs may be kept away from the eyes by A rubbing the eyes with the fingers B rubbing the eyes with a soiled handkerchief C keeping the face clean	A B C 19
20. Food helps to build strong teeth by A eating cereals and fruits B drinking coffee and eating pie C drinking soda and eating sweet buns	A B C 20
21. If you have a severe cold A visit a friend B stay at home C see a motion picture at the neighborhood theatre	A B C 21
22. Immediately after a meal a good exercise is to A jump a rope B run a race C play marbles	A B C 22
23. Keep the fingernails clean by using A a hairpin B warm soapy water and a nail brush C cold water and an orange stick	A B C 23
24. To be healthy A eat your food quickly B eat a great deal of food C chew your food slowly	A B C 24
25. Clean your teeth A at least twice a day B whenever you think about it C at least once a week	A B C 25
26. When you get off a streetcar or bus A hold on tight and step off backwards B face the front and step off after the car stops C try to get off before the car stops	A B C 26
27. If a person turns pale and is about to faint A make him sit down and bend his head forward toward his knees B give him a glass of water C massage his wrists	A B C 27

PART I.—GOOD HEALTH AND SAFETY HABITS (Cont'd)

		Answer Column			
28.	When carrying sharp-pointed objects	A	B	C	28
	A run, carrying the sharp point toward you				
	B look where you are going, hold the object point down and walk				
	C walk slowly and carry the object with point away from you				
29.	A good way to prevent the spread of colds is	A	B	C	29
	A go to the movies because cold germs can't live in semi-darkness				
	B report to school as usual				
	C stay away from people and follow the doctor's advice				
30.	When you go swimming with those who cannot swim well	A	B	C	30
	A duck them often to overcome their fear of water				
	B urge them to learn the water-safety skills				
	C tease them about their lack of skill				
END OF PART I (GO ON TO PART II)		NUMBER RIGHT IN PART I _____			

PART II — CAUSE AND EFFECT IN RELATION TO HEALTH AND SAFETY

		Answer Column			
1.	Vaccination helps to prevent	A	B	C	1
	A scarlet fever				
	B small pox				
	C measles				
2.	When you run, your heart	A	B	C	2
	A beats slowly				
	B is not affected				
	C beats rapidly				
3.	The house fly helps to spread	A	B	C	3
	A typhoid fever				
	B scarlet fever				
	C yellow fever				
4.	Sound could not be heard without	A	B	C	4
	A sunlight				
	B air				
	C food				
5.	Eating the wrong foods may be harmful because	A	B	C	5
	A they do not satisfy the appetite				
	B we do not enjoy eating them				
	C they sometimes make us ill				
6.	Eyelashes help to	A	B	C	6
	A keep dust out of the eyes				
	B make a person more beautiful				
	C keep the eyes moist				
7.	The best place to play is out-of-doors in the sunshine because	A	B	C	7
	A it is pleasant				
	B germs are killed in the sunshine				
	C you can see better in the sunshine				
8.	Plenty of sleep	A	B	C	8
	A helps to keep us healthy				
	B makes us lazy				
	C wastes time				
9.	A regular time for going to bed	A	B	C	9
	A keeps a person from going to sleep immediately				
	B causes disturbed sleep				
	C helps a person to form the habit of going to sleep soon after getting into bed				
10.	Avoid putting the hands into your mouth because they may	A	B	C	10
	A be injured				
	B have dangerous germs on them				
	C be soiled				

PART II — CAUSE AND EFFECT IN RELATION TO HEALTH AND SAFETY (Cont'd)

11. Traffic lights are used to	Answer Column
A slow down automobile travel B protect the lives of people C give policemen jobs	A B C 11
12. Cold air or cold water on the body at first makes the blood vessels in the skin	
A shrink B expand C toughen	A B C 12
13. Healthful work and play clothes	
A fit tightly B fit exactly C give all the muscles of the body plenty of room	A B C 13
14. Prevent cooked meats and vegetables from spoiling by keeping them	
A uncovered on the kitchen table B in a warm closet C covered and in an icebox or refrigerator	A B C 14
15. Children should drink milk because it	
A is cheap B helps to keep the body well C tastes good	A B C 15
16. Muscles are strengthened through	
A proper activity, food and rest B rest or inactivity C eating a great deal of food	A B C 16
17. Protein foods	
A make us grow B produce energy C supply calcium	A B C 17
18. Drinking plenty of water	
A increases the blood supply B helps to keep the inside of the body clean C helps to make strong bones	A B C 18
19. Hangnails are caused by breaks in the	
A epidermis B fingernails C cuticle	A B C 19
20. Most accidents on the school stairs can be prevented if	
A everyone keeps to the right and takes one step at a time B only a few persons run up and down the stairs C stop-lights are used during rush hours	A B C 20
21. We need strong teeth because	
A strong teeth are beautiful B they give us a healthy appearance C most food must be chewed	A B C 21
22. Good posture results if a person	
A adjusts his body mechanics properly to the job at hand B attempts to bend backward when standing C leans against something when he is tired	A B C 22
23. Wet clothes and shoes should be removed to	
A make us look better B keep us from getting a cold C dry the clothes and shoes	A B C 23

PART II — CAUSE AND EFFECT IN RELATION TO HEALTH AND SAFETY (Cont'd)

24. Adenoids are unhealthy because they may	Answer Column			
A keep us from swallowing	A	B	C	24
B cause mouth breathing				
C give us a cold				
25. Our gums are kept firm and healthy by eating	A	B	C	25
A coarse foods				
B soft foods				
C sweet foods				
END OF PART II (GO ON TO PART III)	NUMBER RIGHT IN PART II _____			

PART III — FACTS ABOUT HEALTH AND SAFETY

1. A loud noise may injure the	Answer Column			
A middle ear	A	B	C	1
B ear drum				
C outer ear				
2. When you want to see small objects not visible to the naked eye, use a	A	B	C	2
A microscope				
B stethoscope				
C horoscope				
3. Joints are held together by	A	B	C	3
A muscles				
B ligaments				
C mucous membrane				
4. The most healthful temperature for a living room is about	A	B	C	4
A 60 degrees				
B 80 degrees				
C 70 degrees				
5. Most minerals and vitamins come from	A	B	C	5
A pickles, candy, and cake				
B milk, fruit, meat, vegetables, and eggs				
C soft-drinks, white bread, white rice, and coffee				
6. Most accidents occurring in the home are classified as	A	B	C	6
A burns				
B slipping and falling				
C poisoning				
7. The eye is much like a	A	B	C	7
A camera				
B telescope				
C binocular				
8. A narcotic is a substance that	A	B	C	8
A stimulates a person to further activity				
B puts a person to sleep, or deadens pain				
C is not injurious to an individual				
9. While reading, hold the book away from your eyes about	A	B	C	9
A 8 inches				
B 14 inches				
C 20 inches				
10. Harmful germs are really harmful only if they	A	B	C	10
A get inside your body				
B are in the same room with you				
C come into contact with you				
11. The vitamin necessary for healthy eyes is	A	B	C	11
A vitamin B				
B vitamin A				
C vitamin D				

PART III — FACTS ABOUT HEALTH AND SAFETY (Cont'd)

	Answer Column
12. The principal tooth-building materials are A calcium and phosphorus B fats and oils C carbohydrates	A B C 12
13. The food containing the most roughage is A white bread B whole wheat bread C rye bread	A B C 13
14. The instrument that records the temperature of a room is called a A barometer B chronometer C thermometer	A B C 14
15. Foods that provide energy are called A carbohydrates B proteins C minerals	A B C 15
16. The hair and fingernails are a part of the A muscles B skeleton C skin	A B C 16
17. A swelling of the joint in the big toe is called a A corn B bunion C callus	A B C 17
18. The insect most dangerous in spreading disease germs is the A housefly B mosquito C bumblebee	A B C 18
19. Most home accidents occur in the A living room B bathroom C play room	A B C 19
20. Poison ivy is a plant that should be recognized by all A teachers B persons who walk in the country C botanists	A B C 20
21. If you want to keep warm, wear garments made of A linen B cotton C wool	A B C 21
22. When you are well, the body temperature is A 100 degrees B 98.6 degrees C 95 degrees	A B C 22
23. Second teeth are called A baby teeth B molars C permanent teeth	A B C 23
24. As compared to adults, children need A more sleep B less sleep C the same amount of sleep	A B C 24
25. Mme. Curie is known for her work with A refrigeration B radium C influenza	A B C 25

PART IV — APPLICATION OF HEALTH AND SAFETY RULES

SAMPLE PROBLEM:

Gladys goes to the dentist when she has a toothache. Madge refuses to go to the dentist. Ruth goes to the dentist regularly at least once a year. The girl who does the BEST thing is

A Gladys B Madge C Ruth

A cross (X) was placed on the letter C at the right, because it is the best answer.

PRACTICE EXERCISE:

Bob changes his underclothes when his mother tells him to do so. William changes his underclothes several times a week. Herbert wears his underclothes until they looked soiled. The boy who has the BEST cleanliness habits is

A Bob B William C Herbert

Answer Column

A B ~~C~~

A B C

DIRECTIONS: Place a cross (X) on the letter in the Answer Column at the right of the page that BEST answers the question.

PROBLEM 1. Ethel washes her hands before and after she eats. Helen washes her hands before she eats. Barbara washes her hands after she eats. The girl who is protecting herself best from germs is

A Ethel B Helen C Barbara

Answer Column

A B C I

PROBLEM 2. Three boys were looking for a pair of skates in a large dark closet. Kenneth started to strike a match. Ralph went for a flashlight. Arthur lit a candle. The boy who practiced the best safety rule was

A Ralph B Kenneth C Arthur

A B C 2

PROBLEM 3. Grace goes directly home from school, and spends the rest of the day in helping her mother and in studying her lessons. Audrey goes to the library after school, then goes home and spends the evening listening to the radio as she studies. After school, Florence takes a walk or plays with her friends out-of-doors and then goes home to help her mother and to study. The girl who is practicing the best health habits is

A Grace B Audrey C Florence

A B C 3

PROBLEM 4. Arthur takes a shower once a week. Albert takes a warm bath every night and a cool shower in the morning. Fred takes a warm bath every Saturday night. The boy who practices the best cleanliness rules is

A Arthur B Albert C Fred

A B C 4

PROBLEM 5. When John is hot and perspired from playing a game he takes a shower and changes his clothes. Frank drinks a glass of milk and eats a bun after playing hard. Henry drinks a great deal of cold water after he has played hard. The best health rule is followed by

A John B Frank C Henry

A B C 5

PROBLEM 6. Grace likes to take a nap in the afternoon, go to bed late, and get up late. Frances goes to bed very late and gets up at 6 a. m. Alma usually is in bed before 9:30 p. m. and gets up at about 7 a. m. The girl who has the best sleeping habit is

A Grace B Frances C Alma

A B C 6

PROBLEM 7. Jane fainted in the school yard. Alice wanted to carry Jane into the building. Rose ran to get Jane a drink. Elsie laid Jane flat on her back. The best first aid given Jane was by

A Alice B Rose C Elsie

A B C 7

PROBLEM 8. Jim cut his finger. Donald went to get a disinfectant and some clean gauze. David offered Jim a clean handkerchief to wrap up the finger. Jim refused the boy's help and kept sucking his finger and then wiping it with his own soiled handkerchief. The boy who knew most about treating cuts was

A Donald B David C Jim

A B C 8

PROBLEM 9. Mary does not eat breakfast but buys candy on her way to school which she eats during classes. Eleanor eats a big meal in the morning and a big meal in the evening but does not eat lunch. Julia has orange juice, cereal and milk for breakfast, eats a light lunch and a supper consisting of meat, vegetables, a light dessert and milk. The best eating habits are practiced by

A Mary B Eleanor C Julia

A B C 9

PROBLEM 10. George gets up early so that he can walk to school easily and wait for the traffic to pass before he crosses the street. Alfred usually sleeps late so that he has to dodge the traffic at crossings in order to get to school on time. Harold leaves the house early, but usually reads a book as he is walking to school. Safety rules are obeyed by

A George B Alfred C Harold

A B C 10

END OF TEST — LOOK OVER YOUR WORK.

NUMBER RIGHT IN PART IV _____